CHAPTER 2

LITERATURE REVIEW

2.1   INTRODUCTION

The conceptual framework (fig 1.1) guides the literature study. Taunton et al. (1995:218) propose that four main factors could lead to the absenteeism of nurses in the workplace, namely *characteristics of the nurse, characteristics of the manager, characteristics of the work, and characteristics of the organisation.* The literature review was carried out with regard to these four factors.

2.2   CHARACTERISTICS OF THE NURSE

Characteristics of the nurse will be discussed with special attention to marital status, age, gender, qualifications, health status, family responsibilities, transport problems, work commitment, opportunities outside the workplace and income.

2.2.1   Marital status of nurses

Taunton et al. (1995:225) found that absenteeism is high among divorced nurses and relatively lower among single nurses. Gillies (1994:286) has a different opinion and states that marital status is not related to the absenteeism of nurses. However, female nurses who have two or more dependants could be more absent from work than those with fewer dependants. Van der Walt (1999:50) points out that the attitude of men towards their family responsibilities could play a part in men being absent from their work. Married men have the same rates of absenteeism as women, as their attitude towards family responsibilities has become similar to the attitude of working women.

Tai et al. (1998:1916) state that an increase in spousal support results in higher self-esteem, fewer depressed moods and better quality of life, and that this could lead to increased work

attendance among married nurses. The said authors also point out that non-married nurses who receive support from friends and from their families experience a high quality of life and exhibit lower absenteeism than nurses who have no adequate support.

The discussion by Tai et al. (1998:1916) on marital status reveals that single nurses who do not receive support from friends or spouses tend to have higher rates of absenteeism than their counterparts.

2.2.2   Age and gender of nurses

Age refers to the physical and chronological age of the individual (Blackwell Dictionary of Nursing 1994:29). Taunton et al. (1995:228) state that the absenteeism of nurses could be related to their age.

Nursing is viewed as comprising an ageing, predominantly female workforce that often develop chronic medical problems as they become older. This could contribute to absenteeism (Cooper 1999:542; Payne 1999:14).Erickson (2001:2) states that approximately one third of the nursing workforce is over fifty years of age, and the average age of full-time nurses in health care institutions is forty-nine. However, Van der Walt (1999:49) confirms that nurses over the age of sixty have a lower rate of absenteeism than any other age group.

The relationship between age and absenteeism is evident in the literature. There are higher rates of absenteeism among the younger than the older nurses in the workplace (Gillies 1994:282; Matrunola 1996:833; McNeese-Smith & Van Servellen 2000:102). The research studies by Shader, Broome, Broome, West and Nash (2001:213), and Matrunola (1996:833) revealed that younger nurses report higher levels of stress that contribute to their absenteeism than nurses who are close to retirement.

Matrunola (1996:833) also found that absenteeism correlates significantly with age, because younger nurses tend to adopt more negative work attitudes than their counterparts. This is due to the fact that they have not yet developed coping strategies to deal with stress in the workplace. McNeese-Smith and Van Servellen (2000:102), and Van der Walt (1999:49), hold

the opinion that lower rates of absenteeism occur among older nurses, because older nurses have greater levels of commitment to their work than younger nurses. Older nurses may have developed outside sources of satisfaction in preparation for their retirement, and are not reliant on the workplace for their esteem. Another explanation could be that they realise that they are on borrowed time and consequently do not want to provide any reasons for terminating their working lives. Hence, they are more dedicated to their work.

In terms of gender and absenteeism, female nurses have higher rates of absenteeism than male nurses (Mastekaasa & Olsen 1998:221). Johnson and Indvik (1997:3) state that for unexplained reasons, stress-related illnesses are more prevalent among female nurses than male nurses. Higher rates of stress among female nurses do not necessarily emanate from their work only, but could also stem from outside their workplace (Johnson & Indvik 1997:3). Females often spend triple the time on household tasks than males do. It is usually a mother who takes time off or becomes absent when a child is sick, and this time off is commonly seen as a form of sick leave (Mahony 1999:27; Wing 1999:25).

However, the research study by Van der Walt (1999:50) indicates that there are no significant differences between male and female nurse absenteeism rates. McHugh (2001:4) supports the latter by stating that there is a similar percentage of reported absenteeism rates for male and female nurses in health care organisations.

The above discussion highlights different views on the influence of age and gender on absenteeism.

2.2.3   Qualifications

Nurses who are in possession of a bachelor's degree or diploma have lower rates of absenteeism than nurses without basic professional nursing qualifications. The research study by Parker and Kulik (1995:595), and Remsburg, Armacost and Bennett (1999b:207) resulted in the finding that lower rates of absenteeism occur among professional nurses than the sub-professional nurse categories. Professional nurses are more satisfied with their work than sub-professional nurses because they anticipate greater opportunities for promotions

(Allgood, O'Rourke, Van Derslice & Hardy 2000:720; Taunton et al. 1995:223). Professional nurses believe that they are doing an important job in their workplace and therefore attend to their work as scheduled.

Al-Ma'aitah, Cameron, Horsburgh and Armstrong-Stassen (1999:27) state that nurses with bachelor's degrees share equal status with nurses who hold diplomas. Nurses with degrees could therefore lose their interest in their work and resort to absenteeism. Wills (1998:30) states that, in the midst of the absence of a clinical ladder for employment advancement, many nurses feel compelled to study for advanced diplomas and degrees in nursing to stay in the running for promotions. After completion of their studies, disillusionment sets in, because their position does not change. They then withdraw by either leaving the nursing profession or by frequently being absent from work.

This above discussion emhasises that nurses with higher qualifications, diplomas or degrees, could have a lower or a higher rate of absenteeism than nurses who are less qualified.

2.2.4   Health status of nurses

According to Andrews and Boyle (1995:21), health refers to a state of complete physical, mental and social well-being, and not merely the absence of disease or other abnormalities. The relevant literature reveals that illnesses are the most common cause of the absenteeism of nurses in the workplace. These illnesses include both minor and serious illnesses. Nurses are usually absent from work for one day or two days because of minor illnesses such as headaches or backache (Arendse 1996:14; McHugh 2001:5; Morrow, McElroy, Laczniak & Fenton 1999:370). McHugh (2001:5) mentions that absenteeism due to minor illnesses is higher among the sub-professional nurse categories than the professional nurses. However, Wing (1999:24) states that a study of the Confederation of British Industry concluded that 98% of the absence of all nurses due to illnesses is not due to false pretences; they are actually ill.

Ho (1997:3) states that stress is the primary cause of absenteeism in the workplace. Cooper (1999:541) also discovered that stress contributes to the short-term absence of nurses in the

workplace, and that the high incidence of stress-related illnesses among nurses results from conflicting roles in the workplace. Nurses on the one hand have to calm patients who are anxious because of their illness, and on the other hand they are expected to be cheerful when welcoming patients and their relatives arriving in a unit. Another problem causing stress among nurses is the fear of being criticised by the public, because the public expect nurses to exhibit an acceptable balance of personal behaviour in the workplace (Cooper 1999:541). Nurses may feel anxious that things may go wrong while performing patient care activities. Nurses are not trained to cope with stress themselves (Baba, Galperin & Lituchy 1999:167; Ward & Parsons 1999:62).

Stress-related illnesses are more common among the sub-professional category of nurses than the professional nurses (Cooper 1999:541). However, Parker and Kulik (1995:595) mention that professional nurses suffer from stress-related illness because of perceived inadequate social support from others at work. McHugh (2001:4) believes that stress affects all nurses: both professional nurses and sub-professional nurses. Another opinion is that illness-related absence from the workplace results from lifestyle factors such as smoking, high cholesterol and obesity (Ho 1997:3;Tucker & Friedman 1998:203).

Booyens (1998:338) outlines that shift work and working on night shift aggravate existing health problems, for example asthma, which could lead to absenteeism.

Gulland (1999a:16) argues that absence due to illness among nurses arises from their working conditions rather than illnesses. McHugh (2001:5) supports the latter and states that although nurses are frequently absent from work due to illnesses, it is interesting to note that when nurses are interviewed, they do not mention illness as their reason for absence from work.

Absenteeism among nurses also arises because of work-related injuries (Trinkoff, Storr & Lipscomb 2001:361). Gillies (1994:286) states that nurses have more work-related accidents linked to absenteeism than other worker categories. Busse and Bridger (1997:55) mention that injuries occur when nurses assist patients out of bed and transport them without assistance. These injuries physically disable nurses, and lead to their illness and absence.

Hemingway and Smith (1999:295) link the tendency of injuries among nurses to the lack of clarity regarding job responsibilities, and the fact that junior nurses are allocated to perform duties that they are not properly trained to do. This places these nurses at risk of sustaining injuries that could lead to absenteeism. Injuries among nurses could also result due to an unsafe working environment and the lack of accident prevention programmes in the workplace (Rowland & Rowland 1997:525). The most common injuries that prevail in the workplace are back injuries and fractures that occur due to assisting heavy patients out of bed, or transporting patients in a commode, in a unit that has slippery floors (Busse & Bridger 1997:55).

Eckersley and Williams (1999:2) point out that nurses who abuse alcohol or drugs are more likely to be involved in workplace accidents, causing injury to themselves or to their patients.

The above discussion reveals that stress and work-related accidents are also responsible for the absence of nurses from the workplace.

2.2.5 Family responsibility

In some families, multiple role expectations compete with an employee's work time, and could contribute to absenteeism in the workplace (Gillies 1994:285). Erickson, Nichols and Ritter (2000:266) mention that family demands and family attitudes influence absenteeism among nurses. These affect nurses who have younger children, under the age of six years, and those who experience difficulties raising their children.

Nevidjon and Erickson (2001:3) outline the professional versus personal roles of nurses who are active both at work and at home. Cooper (1999:541) states that nurses experience conflicting responsibilities, that is, of running a household, having to look after family members and working shift systems, which generate a considerable degree of stress, leading to absenteeism.

Taylor (2000:23) mentions that the Basic Conditions of Employment Act, 1997, as amended, stipulates that nurses should be allowed to take three paid working days per annum when a

child or spouse is sick, and five days' paid leave per annum for bereavement in the family. In practice, however, nurses sometimes abuse these leave days by, for instance, attending every friend's funeral. When they have no more leave days to their credit they may resort to absenteeism to enable them to take care of their family responsibilities.

Domestic conflicts, such as arguments at home and violence, which result in injuries outside the workplace, also contribute to the absenteeism of nurses (Remsburg et al. 1999a:13). Rowland and Rowland (1997:526) stipulate that traumatic experiences or abnormal pressure due to conflicting situations in the nurses' personal lives could lead to absenteeism. They might take some time to restore themselves to a state of psychological balance, before attending work again.

Eckersley and Williams (1999:2) highlight the fact that alcohol and drug abusers express more complaints about others and are often violent. They are often the victims of accidents at work and in the community. A significant relationship between day-to-day alcohol use and absenteeism was found. This particular problem of absenteeism usually occurs the day after a nurse has been involved in drinking alcohol, but there are no specific days in a week (McFarlin & Fals-Stewart 2002:20).

The above discussion reveals that nurses experience role conflicts due to family demands, and that personal roles compete with professional roles, leading to absenteeism. The importance of the utilisation of leave days as stipulated in the Basic Conditions of Employment Act, 1997, as amended, was mentioned.

2.2.6　Transport problems

Gillies (1994:286) views transport problems in terms of a number of stages: namely, a nurse travelling from home to work or from work to home, using a bus or a train. A nurse who walks, or uses a bus or a train, has a higher rate of absenteeism than nurses who live on hospital premises. Absenteeism is also perceived to be higher during late summer and mid-winter. 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 and, rather, decide to be

absent from work (Gillies 1994:285). This is true especially for nurses who have four or more travel stages.

The research study by Van der Walt (1999:50) concluded that a nurse using unreliable transport often arrives at work by chance, and usually does not know whether transport will be available the next day. Arendse (1996:14), and Baguma (2001:188) hold the viewpoint that limited financial resources impede nurses' access to public transport. This means that some of the nurses might also have financial problems in paying their transport fare. Therefore, financial constraints often necessitate absence from work.

2.2.7 Work commitment

Work commitment develops through a process of identification in which a person experiences some idea as an extension of the self (Bennett 2002:2; Sagie 1998:159). A committed individual incorporates some of the attributes of an organisation into his or her own cognitive response set (Savery, Travaglione & Firns 1998:2). Baguma (2001:194) mentions that nurses with high personal work ethics believe in hard work or the goal of gaining promotions and exhibit lower absenteeism than nurses with a lack of work ethics and who do not aim to attain set goals in their work environment. Saksvik and Nytro (2001:17) outline the fact that nurses with a low personal work ethic have no sense of responsibility towards their work, and tend to be absent from work without a serious reason. McHugh (2001:5) discovered that most nurses cite the lack of motivation as the perceived reason for being absent from work. Yadivalli (1998:8) states that a lack of commitment to the job is a major obstacle to progress, leading to low productivity, poor moral demeanour and high levels of absenteeism in the workplace. McNeese-Smith (1997:53) states that commitment depends on the nurse's role clarity in the workplace. Nurses who experience role conflict in their workplace are less committed to their work, and have a higher rate of absenteeism than nurses who do not experience role conflict.

The research study by Wood (1998:27) outlines that absenteeism of the lower categories of nurses becomes worse during public holidays and long weekends, because some nurses prolong their weekends. These nurses return late after holidays with a medical certificate. However, the study by Timmins and Kaliszer (2002a:251) identified that most absenteeism

episodes among nurses begin either on Mondays or Fridays, the main reasons cited being personal and social factors. Vahtera, Kivimaki and Pentti (2001:812) view absence rates for Mondays and Fridays in terms of the age of nurses. The said authors state that both younger and older nurses prolong their weekend, and their absence rates are usually the same.

Erickson et al. (2000:265) mention that absenteeism is higher in work units that reflect a tolerance of excessive absenteeism in their workplace, and lower in workgroups where absenteeism is frowned upon. Tolerance of absenteeism in the workplace leads to a situation in which nurses, who normally exhibit good attendance, follow suit. Gellatly and Luchak (1998:1099) describe absenteeism in the units as the result of a culture of absence in the unit, which influences individual attendance motivation.

The above discussions indicate that a lack of commitment to work could contribute to the absenteeism of nurses in the workplace. Commitment to work depends on the work ethics and the prevailing absenteeism culture (Bennett 2002:2).

2.2.8 Opportunities outside the workplace and income

Arendse (1996:14) states that nurses are inadequately remunerated, which results in a number of nurses engaging in part-time jobs. There are concerns that existing opportunities outside the workplace as well as financial constraints could contribute to a conflict of interests between a nurse's primary job and secondary job (Bhengu 2001:49). The primary work needs the nurse to provide patient care services for limited pay, while on the other hand the secondary work may make promises to pay nurses adequately for the services rendered. These lead to a situation in which nurses undertake jobs outside their work, which results in physical and mental strain, and a higher rate of absenteeism in the workplace. Furthermore, nurses who are unable to balance their financial responsibilities might be absent from work because of a lack of financial means to come to work. On the other hand, according to Gillies (1994:285), if the income generated by working full time is more than the individual needs to maintain an adequate standard of living, the individual may not see the need to attend to work every day. Flannery and Grace (1999:42) state that money is typically a primary motivating factor only when people are financially desperate. Bozell (2001:2) supports the

opinion that money is not a motivating factor, and points out that when nurses are asked to prioritise their reasons for absence from work, money is mentioned almost as the last reason.

Nevidjon and Erickson (2001:3), and Hancock (1997:19) confirm that apart from money, there are other factors that attract nurses. Today's nurses seek more personal time, and are increasingly leaving the nursing profession to join other types of services. Nurses also strive to reduce stress by working in temporary nursing agencies. There they can have more free time to be with their families when they need to.

From the above discussion it is apparent that inadequate remuneration and having to engage in part-time work may contribute to absenteeism. Some authors are of the opinion that salaries alone would not motivate nurses to attend to their work regularly.

2.3   CHARACTERISTICS OF THE MANAGER

Characteristics of the manager will be discussed in relation to the leadership style of the manager.

2.3.1   Leadership style of nurse managers

The leadership style of managers refers to the degree to which they clearly define their own role and let followers know exactly what is expected of them (Taunton et al. 1995). Power refers to the ability to influence another to behave in accordance with one's own wishes (Gillies 1994:472). Power also refers to the ability to control others using expert knowledge, referent power, reward power and coercive power (Taunton et al. 1995:228). Influence refers to the amount of control exercised by a nurse manager with regard to how nursing staff do their work (Taunton et al.1995:228). Influence also refers to the imposition of a moderate degree of power in a subtle fashion so as to move others to behave in accordance with one's own preferences (Gillies 1994:470). The inability of the nurse manager to influence nurses adequately could lead to a lack of commitment among nurses, followed by absenteeism in the workplace. Nurse managers use power to motivate their nursing staff, but the

inappropriate use of power adversely lowers nurses' morale, which could lead to their absenteeism.

The leadership style of the nurse manager plays a dominant role in causing stress, which leads to the absenteeism of nurses in the workplace (Boyle, Bott, Hansen, Woods & Taunton 1999:362; Lobban, Husted & Farewells 1998:348; Taunton et al. 1995:226). Forster (1995:81) emphasises that an autocratic leadership style contributes to the absenteeism of nurses in the workplace, such as exercising power with coercion over nurses who do not conform to the manager's standards. According to Booyens (1998:408), the autocratic nurse manager often criticises subordinates harshly in the workplace. Nurses are then afraid to risk new ventures because they could be punished for slight mistakes, which might occur during the work activities. These lead to a situation whereby nurses are apt to be absent from work for the slightest reasons. The autocratic leader tends to be a poor listener and to dominate interactions (Hackman & Johnson 1996:36).This results in one-way communication between the nurse manager and nurses.

The lack of clear communication channels between the nurse manager and nurses plays a role in absenteeism in the workplace (Capko 2001:31;Taunton et al. 1995:224; Tumulty, Jernigan & Kohut 1995:89). Lobban et al. (1998:348) mention that inadequate social interpersonal relations between managers and nurses hamper harmonious team-work. Bennett (2002:6) adds that the nurse manager's lack of trust and respect towards her nursing staff has a negative impact on the absenteeism of nurses. On the other hand, Forster (1995:79) describes the reasons for the absenteeism of nurses as being the result of the victimisation of nurses, and of the nurse manager showing favouritism to some nurses. This results in conflict between the nurse manager and the nurses in the unit.

The lack of social support and adequate guidance offered to nursing staff contributes to absenteeism in the unit (Bennett 2002:6; Cooper 1999:540; Siu 2002:227). Van Dierendonck et al. (2002:6) point out that the inability of the nurse manager to give encouragement and praise for good work done leads to nurses feeling unappreciated and incompetent. On the other hand, Van Dierendonck et al. (2002:6) highlight the fact that nurses who receive more consideration and coaching from the nurse manager have a higher rate of short-term

absence than nurses who receive less consideration and coaching. The reason offered is that a nurse who receives constant guidance tends to perceive the nurse manager as if he or she undermines her intelligence.

The research study by McNeese-Smith (1997:53) concluded that negative comments from the nurse manager towards nurses, regarding their performance, discourages nurses from doing their best. The said author also identified that shouting at nurses in a busy working unit could prevent nurses from focusing on one patient care activity at a time. As a result, nurses become frustrated and decide to avoid the situation by being absent from work. Criticising staff results in a lack of enthusiasm, and creates hostility and aggression among nurses. Weaker nurses tend to shy away from responsibility, by being absent from work (Booyens 1998:407).

The research study by Haccoun and Jeanrie (1995:167) indicates that the laissez-faire leadership style of a nurse manager could contribute to the absenteeism of nurses in the workplace. McNeese-Smith (1997:54) supports this point by stating that nurse managers who are too lenient, are probably motivated by the need for conflict-free relationships in their units. These managers are afraid to make hard decisions, which could result in junior nurses controlling unit activities (Forster 1995:79). Since the nurse manager is generally permissive and allows almost any behaviour to take place in the unit, disinterest sets in among nurses, leading to the absenteeism of nurses (Rowland & Rowland 1997:525).

The inability of nurse managers to give nurses feedback about their performance and the perceived inequity of performance appraisal could result in dissatisfaction and absenteeism (Chaboyer, Williams, Corkill & Creamer 1999:37; Rowland & Rowland 1997:524). Most nurses need to know about their strengths and weaknesses and are sincerely grateful when supplied with the relevant information about their progress. Booyens (1998:270) emphasises that negative feedback might lead to unpleasant arguments between the nurse manager and the nurse concerned, in that the nurse could ultimately withdraw by being absent from work. Morrow et al. (1999:363) support the latter and point out that after the nurse has received negative information about his or her performance, he or she might act to reduce the

mismatch by being absent from work. This creates a situation in which nurses with excellent performance develop a low morale, and this often affects their work attendance.

Gaudine and Saks (2001:20) outline that the lack of feedback regarding absenteeism and corrective counselling contribute to a high rate of absenteeism among nurses. Nurses who have poor attendance records might fail to realise their mistakes if they are not provided with information about their absence rates. Engelbrecht (2000:20) and McNeese-Smith (1997:51) also add that the inability of the nurse manager to deal with nurses' problems urgently and appropriately could contribute to staff dissatisfaction, leading to absenteeism in the workplace.

Manley, Cruse and Keogh (1996:40) discovered that a lack of inter-professional involvement and involvement in decision-making could result in absenteeism and a high turnover of nurses in the workplace. Nevidjon and Erickson (2001:3) agree that a lack of a collaborative management style in the workplace could result in the lack of commitment among nurses. Gillies (1994:228) mentions that nurse managers using a democratic leadership style are concerned about working relations and teamwork. Tovey and Adams (1999:157) hold the opinion that good teamwork provides a counter-balance to role conflict and a high workload. Planning together and valuing one another as important members in the team could prevent absenteeism caused by low morale.

The above discussion identifies the different leadership styles of nurse managers, which contribute to absenteeism among nurses.

2.4   CHARACTERISTICS OF WORK

Characteristics of work will be discussed with reference to autonomy, routinisation and group cohesion.

2.4.1 Autonomy of nurses

According to Gillies (1994:467), autonomy is the condition in which an individual sets his or her own performance goals and work methods, evaluates this performance, and modifies his or her behaviour accordingly. Janssen et al. (1999:1367) mention that autonomy could lead to a high level of satisfaction associated with low staff turnover and low rates of absenteeism in the workplace. A lack of opportunities for nurses to make independent decisions and exercise control over their work activities could also lead to absenteeism (Al-Ma'aitah et al.1999:27; Freeman & O'Brien-Pallas 1998:49). Bennett (2002:6) highlights the point that nurses who are not given the opportunity to act on their own initiative perceive their work as lacking motivating potential and being boring. These facets often contribute to low morale and absenteeism in the workplace.

On the other hand, research by Grant, Nolan, Maguire and Melhuish (1995:617) revealed that few nurses are in favour of autonomy in the workplace. Some nurses could feel that they have too many responsibilities and avoid the situation by being absent from work. Song et al. (1997:443) are of the opinion that individual perception and preferences should be taken into account before implementing autonomy, so that the desired outcomes can be achieved. Allgood et al. (2000:757) mention that autonomy could result in a higher rate of absenteeism among nurses who have lower educational qualifications, and a lower rate of absenteeism in nurses with higher educational qualifications. On the other hand, autonomy contributes to absenteeism in younger nurses, rather than in older nurses (Watson, Potter & Donohue 1999:229). Nevidjon and Erickson (2001:3) mention that nurses in their twenties and thirties view their workplace differently from older nurses, and prefer greater autonomy, namely to function without the control of others.

McGilton and Pringle (1999:259) hold the view that autonomy could contribute to a high rate of absenteeism among professional nurses in general, and nurses who do not hold qualifications in clinical specialities in particular. Hemingway and Smith (1999:296), as well as Adams and Bond (2000:541) state that autonomy could cause role ambiguity and work pressure. If the professional nurses are to plan, execute and evaluate their unit activities on their own, they might feel overworked. Hemingway and Smith (1999:289) also indicate that

the size of the unit in which a nurse is responsible, as well as the number of nurses involved in decision making, play a role in absenteeism. The lower the number of nurses in a unit, the more role ambiguity will be experienced, and the higher the possibility of absenteeism. There is less absenteeism where there are adequate nurses involved in decision-making. However, Pousette and Hanse (2002:246) conclude that there is no significant relationship between autonomy, workload and absenteeism.

The above discussion highlights the fact that the lack of autonomy among nurses could lead to absenteeism in nurses who have a desire to work independently. On the other hand, autonomy can increase absenteeism if it is accompanied by role ambiguity and increased work pressure.

2.4.2 Routinisation

Taunton et al. (1995:225) mention that the extent to which a job requires a nurse to do the same things over and over in the same way, contributes significantly to the absenteeism of nurses in the workplace. Monotonous jobs with no room for creativity for nurses could lead to their discontent and absenteeism (Johnson & Indvik 1997:2). The research study by Kass et al. (2001:324) discovered that repeated exposure to the same tasks on a daily basis leads to lower levels of arousal, boredom and absenteeism.

Kroposki, Murdaught, Tavakoli and Parsons (1999:34) mention that if nurses are overwhelmed by delegated tasks, they may experience problems in completing some of the tasks in the scheduled time. This can lead to absenteeism. Chung and Schneider (2002:3) emphasise that the inability to satisfy incompatible job demands contributes to role conflict, which results in the absenteeism of nurses.

Hirschfeld, Schmitt and Bedeian (2002:561) hold the opinion that nurses who consider their jobs to be higher in terms of skill variety are likely to be absent more often than those who consider their job as normal. According to Booyens (1998:228), a lack of clear performance expectations and job descriptions creates role ambiguity. Collins, Jones, McDonnell, Read, Jones and Cameron (2000:10) reveal that working without job descriptions could contribute to

dissatisfaction and absenteeism, due to the lack of clarity regarding job boundaries. Hemingway and Smith (1999:286) mention that performing duties for which nurses are not trained affects work attendance. Nurses who feel inefficient in performing their allocated tasks might feel insecure about working on their own, and decide to become absent from work.

Johnson and Indvik (1997:2) identified that being given tight deadlines for task completion causes frustrations and absenteeism, due to failure to finish the allocated tasks in time.

If the individual's capabilities are systematically under-utilised, nurses could find the job boring and lack the motivation to show up for their work regularly (Rowland & Rowland 1997:524). The contrary is also true if the job requires more abilities than the individual posses.

Van der Walt (1999:50) points out that shift work contributes to the absenteeism of nurses. Night shift is singled out by nurses as being particularly unpleasant. This could be due to the fact that the working hours are longer than the day shift. The research study by Fitzpatrick, While and Roberts (1999:24) reveals that shift work contributes to sleeping disorders. The said authors also indicate that nurses experience greater fatigue when they are doing a twelve-hour shift than an eight-hour shift. The research study by Trinkoff et al. (2001:361) resulted in the findings that working longer hours, such as twelve-hour shifts, could result in tiredness due to extended exposure to physical demands, leading to absenteeism. Broadbridge (2002:3) concludes that those longer hours contribute to work strain, especially if working hours exceed forty hours a week. Gillies (1994:265) mentions that absenteeism is higher among nurses who are doing early shift-work than nurses doing late shifts. This is probably due to delays in waking up in the morning.

Staffing instability, such as working for a short period in a unit or being pulled out at random to go and work in another unit, lowers nurses' morale and contributes to staff dissatisfaction and absenteeism in the workplace (Broadbridge 2002:3; Watson et al.1999:229). It is not possible for a nurse who is working as a floating nurse to perform at the same high level of efficiency as a nurse who is assigned to the same unit for an extended period of time (Booyens 1998:332).

The research study of Borda and Norman (1997:381) discovered that the lack of flexible work schedules contributes to dissatisfaction among nurses and absenteeism in the workplace. However, Shader et al. (2001:214) oppose flexible schedules and state that many nurses have young children; thus constantly changing schedules are not likely to be tolerated. These could disrupt the nurse's family plans, which have to change every time in order to suit the work schedules. The changes could also affect a nurse's work attendance patterns.

The above discussion indicates that routinisation could contribute to the absenteeism of nurses from the workplace.

2.4.3   Group cohesion

The lack of group cohesion among nurses could be related to absenteeism in the workplace (Taunton et al.1995:224; Shader et al. 2001:214). Groups with greater solidarity have more influence over their members than loosely structured groups. A cohesive group has a feeling of common identity. As group cohesiveness increases, so does individual enjoyment and satisfaction (Adams & Bond 2000:542; Booyens 1998:236). Viswesvaran (2002:15) views the lack of group cohesion in terms of individual differences within the work group, and states that a nurse withdraws from a social and interpersonal environment by being absent from work. Unden (1996:56) mentions that nurses who have been absent from work for a total of more than four weeks perceived poor social support in the workplace.

The absenteeism of nurses could be due to the inability of the nurse manager to encourage teamwork in the workplace (Engelbrecht 2000:2). According to Bozell (2001:2), absenteeism occurs when the desire to work with people who care about and desire a team atmosphere is not fulfilled.

The above discussion has indicated that group cohesion could contribute to a higher rate of absenteeism among nurses.

2.5   CHARACTERISTICS OF THE ORGANISATION

These characteristics will be discussed with the focus on decentralisation, absence management policy, promotion opportunities, career development opportunities, incentives, remuneration, facilities, and manpower.

2.5.1   Decentralisation

Decentralisation increases staff morale and promotes interpersonal relations. Bennett (2002:6) states that a bureaucracy is a hierarchical structure where managerial members are responsible for subordinates' actions and decisions. Nurses perceive this as an impediment to rapid response and innovative problem-solving activities. This could result in poor communication within the organisation and lowers the morale of the staff.

McGilton` and Pringle (1999:259) point out that the lack of decentralisation in decision-making power and authority, and control over the clinical area, could result in the absenteeism of nurses. Nurses experience feelings of diminished ability in exercising independent judgement in the workplace. Crose (1999:135) argues in favour of decentralisation and states that the lack of participation in organisational decision-making and control over the work setting contribute to staff dissatisfaction and absenteeism in the workplace.

The above discussion indicates that a lack of decentralisation regarding latitude of decision and control over their clinical practice could contribute to the absenteeism of nurses.

2.5.1.1   **Absence management policy**

The lack of attendance management policies and procedures could contribute to the absenteeism of nurses which, in turn, could impact on patient care to varying degrees (Timmins & Kaliszer 2002b:586;Qureshi 2000:174). However, Taunton et al. (1995:225) identify a situation in which absence policies are available in the organisation, but are not adequately implemented. According to McHugh (2001:6), absenteeism is due to the lack of

emphasis that is placed on the absence management policy by the nurse manager. This includes inadequate communication of the policies' provisions, so that nurses can observe their importance.

Qureshi (2000:175) points out that a lack of consistency in the implementation of the attendance policy in different units by nurse managers contributes to staff discontent and absenteeism.

On the other hand, Mesirow, Klopp and Olson (1998:60), as well as Cunningham and James (2000:4), discovered that nurses with attendance problems do not improve their attendance even after the full implementation of the attendance policy. The said authors also identified that nurses with excellent attendance records perceive the application of attendance policies as restrictive and punitive. These nurses are not in favour of external control to motivate them, because they are already motivated.

Dunn and Wilkinson (2002:6) mention that some nurse managers are reluctant to apply disciplinary procedures and rules to nurses staying away from work. These nurse managers prefer to take informal routes in dealing with absentees, and this contributes to a higher rate of absenteeism in the unit than in a unit where disciplinary rules are followed.

This discussion has highlighted that the lack of an absence management policy and the reluctance to apply discipline contribute to the absenteeism of nurses.

2.5.2 Promotion opportunities

Prelip (2001:29) mentions that the lack of appropriate recognition, such as promotion opportunities in the workplace, could lead to dissatisfaction and absenteeism among nurses. Taunton et al. (1995:223) discovered in their research study that absenteeism rates are lower in an organisation where promotion opportunities for nurses are fair, and higher in an organisation where there are unfair promotions.

McKune (1996:16) argues that promotions in the nursing profession depend on meeting the defined criteria before being promoted to the next rank. The situation could lead to a lack of enthusiasm among nurses who do not meet the promotion criteria. Gulland (1999b:14) is of the opinion that nurses with many degrees hope for recognition and promotions, but they remain at the bedside level, even after having qualified for managerial positions. This causes their frustration and low morale, that could result in absenteeism.

The above discussion indicates that the lack of promotion opportunities and unfair promotions in health care organisations contribute to the absenteeism of nursing staff.

2.5.3 Career development opportunities

The lack of career ladders in a health care organisation contributes to absenteeism among nurses (Collins et al. 2000:10; Remsburg et al.1999a:14). Bennett (2002:7) states that absenteeism among nurses is due to the lack of staff development opportunities in the workplace.

The research studies by Shader et al. (2001:215) and Timmins and Kaliszer (2002a:260) found that absenteeism is due to the lack of professional growth opportunities. However, the research study by Erickson et al. (2000:250) discovered that there is not much of a direct link between career advancement opportunities and the absenteeism of nurses. De Groot, Burke and George (1998:29) view professional growth in terms of the benefits which could be received by the nurse. The said authors state that professional expertise and educational opportunities are severely undervalued in compensation practices, and may in many instances not be recognised at all. These could ultimately contribute to absenteeism among nurses being higher after career development than before career progression.

Wills (1998:30) holds a different view about development opportunities and states that the absenteeism of nurses is due to career structures that are not designed to keep the best nurses at unit level. Robinson, Murrells and Marsland (1997:612) mention that career guidance is likely to be effective in the early post-qualification period, because it will prevent uncertainty, which is likely to occur in the early stages of a career. On the other hand, Benton

and Ramprogus (1996:34) argue that the absenteeism of nurses is due to the lack of diverse career options for lateral career moves. However, Stavropoulou and Biley (1997:8) add another perspective by stating that nurses rank career development and professional knowledge higher than other motivating factors such as increased potential for promotions.

This discussion indicates that a lack of career advancement opportunities in the workplace and a lack of recognition of nurses could contribute to absenteeism in the workplace.

2.5.4 Incentives

The lack of financial incentives to compensate nurses effectively for their excellent performance contributes to a high staff turnover and absenteeism of nurses in health care institutions (Femina 2000:120; Heasell 1999:1381; Mzolo 2001:38). Remsburg et al. (1999a:14) argue that absenteeism could be lower in an organisation where incentives are perceived as sufficient by the nurses, and higher in some organisations in which nurses regard their incentive schemes as inadequate. Shader et al. (2001:211) point out that the lack of incentives for working during weekends or working extra shifts lowers staff morale and affects productivity, which contributes to absenteeism. Wills (1998:29) mentions that a nurse could be skilled in different nursing activities, but that development is not matched by genuine rewards. This situation is demoralising, and nurses are often not motivated to perform their work activities. Others decide to leave their present job or to absent themselves with minor problems.

De Groot et al. (1998:29) view incentives in terms of monetary amount, and state that in order for rewards to be meaningful and effective to motivate nurses, they must be accepted as equitable as compared to other organisations. If nurses regard their incentives as lower than their counterparts in other organisations, this could contribute to absenteeism. McConnell (1999:10) supports the latter view by stating that material rewards such as incentives could have the power to motivate nursing staff to attend work regularly, but an incentive scheme also has a great deal of potential to dissatisfy nurses as a result of inequity. However, Gillies (1994:288) views some incentives negatively, and contends that an incentive plan to reward

nurses for good attendance is likely to decrease short-term absence, but that it could become ineffective in combating long-term absence.

The above discussion indicates that the lack of a reward system and inadequate rewards for good attendance could contribute to absenteeism in the workplace. It is also mentioned that rewards and incentives could have a short-term effect in motivating nurses and in reducing absenteeism among nurses.

2.5.5 Remuneration

Remuneration refers to pay for the service rendered (Concise Oxford Dictionary 1995:880). According to Gillies (1994:472), salary is a financial compensation for the labour of a worker who is not paid hourly. Low salary structures among nurses contribute to absenteeism and force nurses to withdraw from the nursing profession (Femina 2000:121; Mngomezulu 2001:39; Peterson 2001:9).

Wills (1998:29) mentions that increasing the salary and status of nurses could be cost effective because it would lead to staff retention and lower rates of absenteeism, and improve quality patient care. Nurses receiving adequate salary and status in an organisation have a lower rate of absenteeism and turnover than nurses who are inadequately remunerated (Tai et al.1998:1916; Tovey & Adams 1999:156). The research study by Goldberg and Waldman (2000:674) identified a significant relationship between low salaries and the absenteeism of nurses in an organisation. Wills (1998:29) states that nurses sometimes still earn a low salary after obtaining their degrees or diplomas. Buchan (1995:468), and Chung and Corbett (1998:56) point out that nurses are attracted to nursing because of the opportunity to care for patients, but that low salaries often frustrate them. Nevidjon and Erickson (2001:3) question the importance of high salaries among nurses and state that in terms of time over money, nurses today seek more personal time than financial compensation. Increasing nurses' salary packages would have a limited and temporary effect in reducing absenteeism because it could simply redistribute the supply of nurses, and not increase the number of nurses.

Bozell (2001:2) holds a different opinion about inadequate salaries and states that as long as nurses receive fair salaries, they do not mention money as contributing to their absence. The said author also points out that organisations cannot recruit nurses with money initially, but if nurses are not happy in their work environment and if their needs are not met, they have a high rate of absenteeism and turnover.

The above discussion has identified the inadequate salaries of nurses as a contribution to absenteeism in the workplace.

2.5.6 Facilities

Collins et al. (2000:11) mention that the lack of adequate equipment hinders nurses from effective role performance and is another factor contributing to the absenteeism of nurses. Nurses are expected to provide quality patient care, irrespective of inadequate equipment and other resources causing them frustration and leading to absenteeism (Redfern, Murrels & Christian 1999:356; Wills 1999:21). The lack of equipment means that nurses often have to make ethical decisions about who should receive treatment; decisions that nurses are not qualified to make (Femina 2000:120; Pousette & Hanse 2002:246).

The above discussion has indicated that the lack of equipment to provide patient care could contribute to absenteeism in the workplace and that nurses are at times challenged to make ethical decisions about patient care in the units.

2.5.7 Manpower

Nursing shortages result in an overwhelming workload (Broadbridge 2002:3). Nursing shortages are due to an insufficient supply of nurses in an organisation to provide quality patient care in the workplace (Buchan 1995:468; Buchan & O'May 1998:61). A high rate of absenteeism in the workplace further complicates the issue of shortages and contributes to a never-ending shortage and absenteeism cycle (Healy & McKay 2000:686; O'Brien-Pallas & Baumann 2000:248; Tai et al.1998:1918).

This implies that absenteeism is less when there is a critical shortage in the workplace, but as soon as there are adequate nurses in the workplace, those nurses who were on duty during the acute shortage will then begin to exhibit a higher rate of absenteeism. Nurses feel that their absenteeism is justified because it represents a return to previous equilibrium. Thus, nurses rest in order to return to normal prior to the next peak (Rowland & Rowland 1997:524). Wood (1998:27) holds a different opinion about the peak period, and mentions that it happens during the annual influenza epidemic and towards the end of the year.

The research study by Burke and Greenglass (2000:165) found that, as a result of a high workload, nurses found themselves missing their breaks and doing more than was expected. This eventually contributed to their high level of stress, leading to their absence from work. Santos and Cox (2000:8) state that nurses have to work overtime in order to complete their unit routine. They reach the point where they experience tiredness, and the feeling that they cannot continue to work at the same pace. Nurses might be aware that the quality of patient care is suffering, but become disengaged, by being absent from work. However, the research study by Pousette and Hanse (2002:246) found no significant relationship between absenteeism among nurses and workload. From the above discussion it is apparent that there may be a relationship between manpower and a high rate of absenteeism in the workplace.

2.6   SUMMARY

Literature confirms that factors relating to the *characteristics of the nurse*, *characteristics of the nurse manager*, *characteristics of the work* and *characteristics* of *the organisation* contribute to the absenteeism of nurses in the workplace. Chapter 3 aims to outline the research methodology of the study.