

CHAPTER 4

PRESENTATION OF DATA AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

In this chapter, the research findings are presented and discussed.

The following research questions will be successively answered in chapter 4.

- Which characteristics of the nurse contribute to absenteeism?
- Which characteristics of the nurse manager contribute to absenteeism?
- Which characteristics of the work contribute to absenteeism?
- Which organisational characteristics contribute that nurses are absent from work?

4.2 PRESENTATION OF DATA

The presentation of data that answers each research question will be presented in the following sequence:

Factor analysis: Factor analysis of all items listed in the questionnaires was performed. The factor analysis grouped various items across sections of the questionnaire into relevant categories of reasons for absenteeism. Items with a value of .35 were regarded as significant and included in a factor (Burns & Grove 1993:542). The factor analysis was done to identify constructs within the different sections of the questionnaire (main factors of absenteeism) that will guide the discussion.

Descriptive statistics: Frequency distributions were used to organise data, to give meaning to the response rates and facilitate insight. In the relevant tables the frequency distributions of responses are ordered in order of occurrence from the highest to the lowest percentages obtained on the responses “to a moderate extent” and “to a large extent” of agreement on items. If responses “to a moderate extent” and “to a large extent”, reached 75% or more, it was regarded to be indicative of an important reason for absenteeism.

Chi-square test: This test was performed to measure the degree of association and significance of responses made by the two groups of respondents regarding absenteeism. The significant differences between the professional and sub-professional groups, or respondents less than 40, or 40 years and older, were focused on. The chi-square (χ^2) test was done to determine whether responses about the reasons for absenteeism could be associated with, for instance, nurses' age and their professional category. A significance level of $p < 0.05$ was considered for this study (Burns & Grove 1993:499). Items with a significance in responses should be taken cognizance of.

4.3 CHARACTERISTICS OF THE RESPONDENTS

Respondents were professional nurses and sub-professional nurses (enrolled nurses and enrolled nurse assistants). The enrolled nurses and enrolled nurse assistants were, for the purposes of this study, grouped together to form the sub-professional category of respondents. Registered nurses occupying different professional ranks formed the professional group of respondents (table 4.1).

4.3.1 Categories of respondents (item 8)

Table 4.1 indicates the distribution of respondents according to their current post.

Table 4.1 Categories of nurses (n=233 responses)

Category of nurses	Current post	Frequency	Percentage (%)
Sub-professional nursing category	Enrolled nurse/assistant	82	35.1 %
	Senior enrolled nurse/assistant	54	23.1 %
Subtotal		136	58.3 %
Professional Nursing category	Professional nurse	35	15.0 %
	Senior professional nurse	16	6.8 %
	Chief professional nurse	41	17.6 %
	Deputy manager	5	2.1 %
Subtotal		97	41.6 %
Total		233	100 %

The sub-professional nursing category constituted the larger percentage of the respondents, namely 136 (58.3%). The professional nurse category constituted the other 97(41.6%) of the total of 233 respondents. Of the respondents 82 (35.1%) fell within the category of enrolled nurses and enrolled nurse assistants, and 54 (23.1%) within the category of senior enrolled nurses and senior enrolled nurse assistants. Among the professional nurses category, 35 (15.0%) professional nurses, 16(6.8%) senior professional nurses, 41(17.6%) chief professional nurses and 5(2.1%) deputy managers participated in this study. Professional nurses are expected to supervise and give support and guidance to lower level nurses during patient care activities. Cooper (1999:540) states that a lack of guidance given to subordinates by the supervisor contributes to absenteeism of nurses in the workplace. In this study the opinions of both professional and sub-professional nurses occupying various ranks, have therefore been obtained. This would lead to a balanced perspective regarding reasons for absenteeism.

4.3.2 Age distribution (item 1)

The age distribution of the respondents is shown in Table 4.2.

Table 4.2 Age distributions of respondents (n=227 responses)

Age	Frequency	Percentage (%)
20-29 years	5	2.2 %
30-39 years	111	48.9 %
40-49 years	79	34.8 %
50-59 years	29	12.7%
60 years and more	3	1.3%
Total	227	100%
6 missing values		

A slight majority, 116(51.1%) respondents were younger than 40 years, and 111 (48.9%) were 40 years and older. The mean age was 41 years. The findings indicated a rather young sample group, as only 32(14.1%) were nearing retirement.

4.3.3 Gender distribution (item 2)

The gender distribution of the respondents is indicated in Table 4.3.

Table 4.3 Gender distributions of respondents (n=233 responses)

Gender	Frequency	Percentage %
Female	194	83.2%
Male	39	16.7%
Total	233	100%

The respondents comprised 194(83.2%) females and 39(16.7%) male nurses. The majority of respondents were therefore females. This could be explained by the fact that the nursing profession is characterised by a female dominated work force (Al-Ma'aitah et al. 1999:16; Payne 1999:14).

4.3.4 Marital status (item 3)

The marital status of the respondents is shown in Table 4.4.

Table 4.4 Marital status of respondents (n =233 responses)

Status	Frequency	Percentage (%)
Married	117	50.2 %
<i>Subtotal</i>	117	50.2%
Single	95	40.7 %
Divorced	11	4.7 %
Widowed	10	4.2 %
<i>Subtotal</i>	116	49.6%
Total	233	100 %

Married and unmarried respondents were evenly distributed, as 117(50.2%) were married and 116(49.7%) unmarried. According to Erickson et al. (2000:268) married nurses with younger children could be more often absent from work due to family problems than single nurses without children. However, single respondents with children could also experience family and personal problems.

4.3.5 South African Nursing Council registration (item 5)

The respondents were registered in various specialities with the South African Nursing Council as indicated in Table 4.5.

Table 4.5 Registration with the South African Nursing Council (n=233 responses)

Registrations	Frequency	Percentage (%)
Enrolled nurse/assistant	136	58.3 %
General nurse	97	41.6 %
Midwife	80	34.3 %
Community nursing	18	7.7 %
Psychiatric nursing	13	5.5 %
Nursing administration	11	4.7 %
Nursing education	10	4.2 %
Operating theatre nurse	4	1.7 %
Orthopaedic nurse	3	1.2 %
Paediatric nurse	3	1.2 %
Advanced midwifery nursing	3	1.2 %
Ophthalmological nursing	2	0.8 %
Intensive care nursing	2	0.8 %
Oncology nursing	1	0.4 %
Occupational nursing	1	0.4 %

The majority of the respondents, namely 136(58.3%) were sub-professional nurses; either enrolled or assistant nurses. The rest, namely 97(41.6%) were professional nurses, all of whom were registered general nurses. They could be registered in more than one area of specialisation. Responses related to *general nurse registration* were considered to be indicative of belonging to the professional nurse category.

4.3.6 Years of experience (item 6)

Table 4.6 indicates the years of experience of the respondents.

Table 4.6 Years of experience (n=229 responses)

	Frequency	Percentage (%)
5 Years or less	21	9.1 %
6 - 10	68	29.6 %
11 - 15	57	24.8 %
16 - 20	44	19.2 %
21 - 25	18	7.8 %
26 - 30	18	7.8 %
31 Years or more	3	1.3 %
Total	229	100 %
4 missing values		

The majority of respondents, 208 (90.8%), had 6 years or more experience in nursing. The mean was 14 years of experience. It could thus be assumed that most of the respondents were reasonably experienced nurses. The study by Borda and Norman (1997:382) indicated that absenteeism could occur more often among those nurses who are still new in the nursing profession than among those who have been in the profession for a long period of time.

4.3.7 The clinical ward/unit in which respondents were working (item 7)

Table 4.7 indicates the clinical ward/unit in which respondents were working at the time of data collection.

Table 4.7 Clinical ward/unit distribution (n=233 responses)

	Frequency	Percentage (%)
Medical ward	47	20.1%
Surgical ward	47	20.1%
Operating theatre	24	10.3%
Casualty department	22	9.4%
Out patient clinic	22	9.4%
Maternity ward	20	8.5%
Paediatric ward	17	7.3%
Psychiatric ward	15	6.4%
Intensive care unit	8	3.4%
Clinic	5	2.1%
Orthopaedic ward	2	0.8%
Health centre	2	0.8%
Other	2	0.8%
Total	233	100%

Most respondents worked in either surgical 47 (20.1%) or medical 47 (20.1%) wards. Quite a number of respondents worked in high stress areas, for example, casualty. Gillies (1994:285) states that the clinical unit to which a nurse is allocated has an influence on absenteeism of nurses, and medical units have a higher rate of absenteeism than the surgical units.

4.4 SECTION B: CHARACTERISTICS OF THE NURSE

The following discussions address the research question that stated:

- **Which characteristics of the nurse contribute to absenteeism in the workplace?**

Based on a factor analysis, four factors/categories of reasons for absenteeism, associated with the *characteristics of the nurse*, were identified. The factors are: lack of work commitment, stress-related factors, external factors influencing attendance and conflict situations. Table 4.8 indicates the factors, the items and the factor loadings in section B of the questionnaire.

Table 4.8 Factors on the characteristics of the nurse

FACTOR LOADING ON ITEMS IN SECTION B OF THE QUESTIONNAIRE						
Factors	Item Number	F1	F2	F3	F4	Chronbach's alpha
1. Lack of work commitment	17	.749				0.7767
	12	.662				
	13	.645				
	18	.527				
2. Stress-related factors	1		.715			0.7468
	7		.649			
	8		.605			
	6		.524			
	3		.506			
3. External factors influencing absenteeism	11			.624		0.6552
	15			.583		
	16			.508		
	14			.446		
	9			.364		
4. Conflict situations	4				.632	0.6265
	10				.560	
	2				.371	
	5				.362	

Each of the factors will be discussed with reference to:

- frequencies of responses on the items incorporated into each factor
- significant differences between the two respondent groups

The discussions will not focus on the factors, but on the items within the factors.

4.4.1 Lack of work commitment (Factor 1)

Factor 1 comprises reasons for absenteeism that are classified under a lack of work commitment. Absence due to following the example of colleagues in the workplace (item 17), in order to prolong weekends (item 12) and a lack of motivation to go to work (item 13) are indications of a lack of work commitment. On the other hand, a lack of close friends at work

with whom to share personal problems (item 18), may contribute towards decreased commitment to go to work.

4.4.1.1 Frequency distributions of responses on the lack of work commitment

Table 4.9 indicates the frequency distribution of responses on items incorporated into factor 1.

Table 4.9 Frequencies of responses on a lack of work commitment

Items: Work commitment		To no extent	To a limited extent	To a moderate extent	To a large extent	Total
12	Prolong their weekends	86 (38.2%)	69 (30.6%)	35 (15.5%)	35 (15.5%)	225 (100.0%)
17	Want to do what colleagues do in the workplace	116 (50.8%)	56 (24.5%)	31 (13.6%)	25 (11.0%)	228 (100.0%)
13	Lack motivation to go to work	114 (50.4%)	58 (25.7%)	29 (12.8%)	25 (11.1%)	226 (100.0%)
18	Lack close friends at work, with whom to share personal problems	130 (57.0%)	51 (22.3%)	30 (13.2%)	17 (7.5%)	228 (100.0%)

Items 12 and 13 are indicative of impaired work ethic. On item 12, 35 (15.5%) and 35 (15.5%) (approximately 31%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they want to prolong their weekends. On item 13, 29(12.8%) and 25(11.1%) (approximately 24%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because of a lack of motivation to go to work. According to **Savery et al. (1998:4)** nurses with a high personal work ethic, or who cherish the goal of getting promotions, are committed to their work and demonstrate a low rate of absenteeism.

Items 17 and 18 are indicative of social factors in the workplace that contribute absenteeism. On item 17, 31 (13.6%) and 25 (11.0%) (approximately 25%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they want to do what colleagues do in the workplace. Gillies (1994:285) states that in some workgroups work attendance is highly valued as a norm. On the other hand, absenteeism could be the norm.

On item 18, 30(13.1%) and 17(7.5%) (approximately 21%) respondents indicated that, to a moderate extent or to a large extent, lack of close friends at work with whom to share personal problems contribute to absenteeism. On the other hand Unden (1996:56) states that nurses who have been absent from work because of illness for a total of more than four weeks during the preceding year, received a poorer social support than others in the workplace.

None of the cited reasons for absenteeism appear to be important according to the responses obtained.

4.4.1.2 *Significant differences on the lack of work commitment*

Significant differences resulted from the data analysis on items 12, 13 and 17 in factor 1.

- ***They want to do what colleagues do in the workplace (item 17)***

Table 4.10 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 17.

Table 4.10 Nurses are absent from work because they want to do what colleagues do in the workplace (n=227 responses)

Item:	Professional category		Total responses
	Sub-professional nurses	Professional nurses	n %
They want to do what colleagues do in the workplace			
To no extent	78 (67.2%)	38 (32.7%)	116 (100.0%)
To a limited extent	23 (41.0%)	33 (58.9%)	56 (100.0%)
To a moderate extent	22 (73.3%)	8 (26.6%)	30 (100.0%)
To a large extent	10 (40.0%)	15 (60.0%)	25 (100.0%)
			227 (100.0%)
6 missing values			

$$\chi^2 = 16.911; df=3; p<.001$$

Of those 25 respondents who responded that, to a large extent, nurses are absent from work because they want to do what colleagues do in the workplace, 15 (60.0%) were professional and 10 (40.0%) sub-professional nurses. On the other hand, of those 116 respondents who indicated that, to no extent following the example of colleagues contributes to absenteeism, 78 (67.2%) were sub-professional nurses compared to 38 (32.7%) professional nurses. The results indicate that professional nurses are significantly more inclined than the sub-professional nurses, to attribute absenteeism to the reason of following the example of colleagues who engage in such behaviour.

- ***Prolong their weekends (item 12)***

Table 4.11 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 12.

Table 4.11 Nurses are absent from work because they want to prolong their weekends (n=225 responses)

Item	Professional category		Total responses	
	Sub-professional nurses	Professional nurses	n	%
They prolong their weekends				
To no extent	62 (72.0%)	24 (27.9%)	86	(100.0%)
To a limited extent	38 (55.0%)	31 (44.9%)	69	(100.0%)
To a moderate extent	19 (54.2%)	16 (45.7%)	35	(100.0%)
To a large extent	14 (40.0%)	21 (60.0%)	35	(100.0%)
			225	(100.0%)
8 missing values				

$$\chi^2 = 12.088; df=3; p < .005$$

Of those 35 respondents who indicated that, to a large extent, nurses are absent from work because they want to prolong their weekends, 21(60.0%) were professional nurses and 14 (40.0%) sub-professional nurses. Of those 86 respondents who indicated that, to no extent, are nurses absent from work because of an attempt to prolong their weekends, 62 (72.0%) were sub-professional nurses compared to 24(27.9%) professional nurses. It is concluded that professional nurses are significantly more likely than sub-professional nurses to

acknowledge that absenteeism may be due to an intention to prolong weekends. These results could be viewed within the context of the findings of Wood (1998:27), namely that absenteeism of nurses become worse during public holidays and long weekends because some employees prolong their weekends.

- ***Lack of motivation to go to work (item 13)***

Table 4.12 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 13.

Table 4.12 Nurses are absent from work because they lack motivation to go to work (n=225 responses)

Item	Professional category		Total Responses	
	Sub-professional Nurses	Professional Nurses	n	%
They lack motivation to go to work				
To no extent	81 (71.0%)	33 (28.9%)	114	(100.0%)
To a limited extent	29 (50.0%)	29 (50.0%)	58	(100.0%)
To a moderate extent	12 (42.8%)	16 (57.1%)	28	(100.0%)
To a large extent	10 (40.0%)	15 (60.0%)	25	(100.0%)
			225	(100.0%)
8 missing values				

$\chi^2 = 15.487; df=3; p < .001$

Of those 25 respondents who indicated that, to a large extent, the lack of motivation to go to work contributes to absenteeism, 10(40.0%) were sub-professional nurses compared to 15(60.0%) professional nurses. Of those 114 respondents who indicated that, to no extent absenteeism is due to the lack of motivation to go to work, 81(71.0%) were sub-professional nurses compared to 33(28.9%) professional nurses. It is concluded that professional nurses are significantly more likely than sub-professional nurses to acknowledge that absenteeism may be due to the lack of motivation to go to work. The findings of McHugh (2001:5) cited the most important reason for absenteeism among lower categories of nurses as being the lack of motivation to attend work.

4.4.2 Stress-related factors (Factor 2)

Factor 2 comprises reasons for absenteeism that are classified under stress-related factors, as they are all potential stressors. Nurses may be absent from work because of minor physical ailments (item 1) or stress-related illnesses (item 3). Furthermore they may have to care for family members (item 7) or attend funerals of relatives (item 8). Another stress-related reason could be financial problems (item 6). Ho (1997:3) states that within the broad categories of illnesses among nurses, stress is the primary cause of absenteeism in the workplace. Johnson and Indvik (1997:3) point out that stress does not emanate only from the nurses' work situation. It is also related to other factors outside their workplace. Stress-related illnesses, which lead to absenteeism, occur because nurses face conflicting demands of running their families and working shifts (McHugh 2001:8).

4.4.2.1 *Frequency distributions of responses on stress-related factors*

Table 4.13 indicates the frequency distributions of responses on items incorporated into factor 2.

Table 4.13 Frequencies of responses on stress-related factors

Items on stress-related reasons		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %
3	Suffer from stress-related illnesses	25 (10.9%)	29 (12.6%)	30 (13.0%)	146 (63.5%)	230 (100.0%)
6	Have financial problems	65 (30.5%)	35 (16.4%)	38 (17.8%)	75 (35.2%)	213 (100.0%)
1	Suffer from minor physical ailments	38 (16.8%)	71 (31.4%)	48 (21.2%)	69 (30.5%)	226 (100.0%)
7	Have to look after family members	38 (16.6%)	75 (32.8%)	52 (22.7%)	64 (27.9%)	229 (100.0%)
8	Have to attend funerals of relatives	57 (25.0%)	70 (30.7%)	44 (19.2%)	57 (25.0%)	228 (100.0%)

Items 3 and 1 are indicative of health problems that contribute to absenteeism. On item 3, 30 (13.0%) and 146 (63.5%) (approximately 77%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to suffering from stress-related illnesses. Forty-eight

48(21.2%) and 69 (30.5%) (approximately 52%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to suffering from minor physical ailments (item 1).

Items 6, 7 and 8 are indicative of socio-economic problems and commitments that contribute towards absenteeism. On item 6, 38(17.8%) and 75(35.2%) (approximately 53%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to having financial problems. On item 7, 52(22.7%) and 64(27.9%) (approximately 51%) respondents indicated that, to a moderate or to a large extent, absence from work is due to having to look after family members. Forty-four 44(19.2%) and 57(25%) (approximately 44%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to having to attend funerals of relatives. Johnson and Indvik (1997:3) state that nurses have conflicting roles at home and at work. At home they have to look after family members, while they are also pressurised by financial obligations. The latter contributes to stress-related illnesses and staying away from work.

It is apparent from the above that **suffering from stress-related illnesses** appears to be an important reason for absenteeism in the workplace.

4.4.2.2 *Significant differences on stress-related factors*

Items 1, 3, and 8 indicated significant differences among the respondent groups.

- ***Suffering from minor physical ailments (item 1)***

Table 4.14 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 1.

Table 4.14 Nurses are absent from work because they suffer from minor physical ailments (n=226 responses)

Item	Professional category		Total responses	
	Sub-professional nurses	Professional nurses	n	%
Suffer from minor physical ailments				
To no extent	31 (81.5%)	7 (18.4%)	38	(100.0%)
To a limited extent	42 (59.1%)	29 (40.8%)	71	(100.0%)
To a moderate extent	27 (56.2%)	21 (43.7%)	48	(100.0%)
To a large extent	34 (49.2%)	35 (50.7%)	69	(100.0%)
			226	(100.0%)
7 missing values				

$$\chi^2 = 10.873; df=3; p < .05$$

Of those 38 respondents who indicated that absenteeism is, to no extent, due minor physical ailments, 31(81.5%) were sub-professional and 7(18.4%) professional nurses. It is evident that sub-professional nurses are significantly less likely to attribute absenteeism to minor physical ailments than professional nurses. However, McHugh (2001:5) states that suffering from minor physical ailments is more associated with absenteeism among the lower level nurses than among higher-level nurses.

- ***Suffering from stress-related illnesses (item 3)***

Table 4.15 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 3.

Table 4.15 Nurses are absent from work because they suffer from stress-related illnesses (n=230 responses)

Item	Professional category		Total Responses
	Sub-professional nurses	Professional nurses	n %
Suffer from stress-related illnesses			
To no extent	22 (88.0%)	3 (12.0%)	25 (100.0%)
To a limited extent	18 (62.0%)	11 (37.9%)	29 (100.0%)
To a moderate extent	17 (56.6%)	13 (43.3%)	30 (100.0%)
To a large extent	79 (54.1%)	67 (45.8%)	146 (100.0%)
			230 (100.0%)
3 missing values			

$$\chi^2 = 10.324; df=3; p < .05$$

Of those 25 respondents who indicated that, to no extent, nurses are absent from work due to suffering from stress-related illnesses, 22(88.0%) were sub-professional and 3 (12.0%) were professional nurses. Of those 29 respondents of whom 18(62.0%) were sub-professional nurses compared to 11(37.9%) professional nurses, indicated that, to a limited extent, nurses are absent from work due to stress-related illnesses. It could be concluded that the sub-professional nurses are significantly less likely to attribute absenteeism to stress-related illnesses than their counterparts. This finding contradicts the viewpoint of McHugh (2001:4), that a higher percentage of the lower category nurses are absent from work due to stress-related illnesses, compared to professional nurses.

- ***Attending funerals of relatives (item 8)***

Table 4.16 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 8.

Table 4.16 Nurses are absent from work because they have to attend funerals of relatives (n=228 responses)

Item	Professional category		Total responses	
	Sub-professional nurses	Professional nurses	n	%
Have to attend funerals of relatives				
To no extent	42 (73.6%)	15 (26.3%)	57	(100.0%)
To a limited extent	39 (55.7%)	31 (44.2%)	70	(100.0%)
To a moderate extent	20 (45.4%)	24 (54.5%)	44	(100.0%)
To a large extent	34 (59.6%)	23 (40.3%)	57	(100.0%)
			228	(100.0%)
5 missing values				

$\chi^2 = 8.760; df=3; p < .033$

Of those 57 respondents who indicated that, to no extent, nurses are absent from work due to funerals of relatives, 42(73.6%) were sub-professional and 15(26.3%) professional nurses. The findings indicated that the sub-professional nurses are significantly less inclined to attribute absenteeism to attending funerals of relatives than the professional nurses.

4.4.3 External factors influencing absenteeism (Factor 3)

Factor 3 comprises reasons for absenteeism that are classified under external factors. External factors that may be associated with absenteeism are conditions that influence nurses' ability to travel to work, such as transport problems (item 11) and disturbance caused by bad weather (item 14). Commitments contributing to absenteeism are having to attend to additional jobs (item 15), attending union meetings elsewhere (item 16) and attending funerals of friends (item 9). These factors are external to the institution where nurses work, their family commitments or their personal circumstances. According to Rowland and Rowland (1997:524) factors such as unfavourable local labour market conditions have a great influence on the attendance patterns of nurses. This can result in nurses being employed by more than one institution. Harsh economic conditions result in inadequate resources for nurses to balance their personal needs (Arendse 1996:14).

4.4.3.1 *Frequency distributions of responses on external factors influencing absenteeism*

Table 4.17 indicates the frequency distributions of responses on items incorporated into Factor 3.

Table 4.17 Responses on external factors influencing absenteeism

Items: External factors influencing absenteeism		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %	
11	Experience transport problems	98 (42.7%)	64 (27.9%)	33 (14.4%)	34 (14.8%)	229	(100.0%)
15	Attend to additional job for financial gain	116 (52.7%)	42 (19.0%)	39 (17.7%)	23 (10.4%)	220	(100.0%)
16	Have to attend union meetings elsewhere	105 (46.4%)	85 (37.6%)	25 (11.1%)	11 (4.9%)	226	(100.0%)
9	Have to attend funerals of friends	117 (50.8%)	78 (33.9%)	24 (10.4%)	11 (4.8%)	230	(100.0%)
14	Are disturbed by bad weather	170 (74.8%)	42 (18.5%)	12 (5.2%)	3 (1.3%)	227	(100.0%)

Items 11 and 14 are indicative of logistical problems in traveling to work that contribute to absenteeism. Thirty-three 33(14.4%) and 34(14.8%) (approximately 29%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to transport problems (item 11). This finding supports the finding of Arendse (1996:15) that, despite the fact that some nurses live 35-40 kilometres away from their workplace, they do not mention transport problems as their main reason for absenteeism. Item 14 revealed that only 12 (5.2%) and 3 (1.3%) (approximately 7%) respondents were of the opinion that, to a moderate or to a large extent, absenteeism is due to disturbance by bad weather.

Items 15 and 16 are indicative of commitments external to the workplace or family structure that contribute to absenteeism. On item 15, only 39 (17.7%) and 23 (10.4%) (approximately 28%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to attending to additional jobs for financial gain. Bhengu (2001:52) states that part time job

obligations contribute to physical and mental strain, which, in turn, lead to absenteeism from work. On item 16, only 25 (11.1%) and 11 (4.9%) (approximately 16%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to having to attend union meetings elsewhere. Twenty-four 24(10.4%) and 11(4.8%) (approximately 15%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to having to attend funerals of friends (item 9).

It is apparent that none of the above reasons for absenteeism are important reasons for absenteeism.

4.4.3.2 *Significant differences in responses on external factors that contribute towards absenteeism*

Item 9 indicated significant differences among the respondent groups.

- ***Have to attend funerals of friends (item 9)***

Table 4.18 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 9.

Table 4.18 Nurses are absent from work because they have to attend funerals of friends (n=230 responses)

Item	Professional category		Total responses	
	Sub-professional nurses	Professional nurses	n	%
Have to attend funerals of friends				
To no extent	82 (70.0 %)	35 (29.9%)	117	(100.0%)
To a limited extent	36 (46.1%)	42 (53.8%)	78	(100.0%)
To a moderate extent	12 (50.0%)	12 (50.0%)	24	(100.0%)
To a large extent	6 (54.5%)	5 (45.4%)	11	(100.0%)
			230	(100.0%)
3 missing values				

$\chi^2 = 12.169; df=3; p < .05$

Of those 117 respondents who indicated that, to no extent, nurses are absent from work due to attending funerals of friends, 82(70.0%) were sub-professional and 35(29.9%) professional nurses. Sub-professional nurses are thus significantly less inclined than professional nurses to believe that nurses are absent from work because they have to attend funerals of friends. The findings of Remsburg et al. (1999a:13) indicate that absentees take time off from work for personal reasons such as death of friends.

4.4.4 Conflict situations (Factor 4)

Factor 4 comprises reasons for absenteeism that are classified under conflict situations. Nurses may be absent from work because they have problems regarding the abuse of alcohol or drugs (item 4) and domestic conflict (item 10). Other reasons that could contribute to absenteeism are suffering from chronic medical conditions (item 2) and work-related injuries (item 5). Rowland and Rowland (1997:524) state that traumatic experiences or abnormal pressure levels in the nurses' personal lives can result in a high absenteeism rate.

4.4.4.1 *Frequency distributions of responses on conflict situations*

Table 4.19 shows the frequency distributions of responses on items incorporated into factor 2.

Table 4.19 Responses on conflict situations

Items: Conflict situations		To no extent	To a limited extent	To a moderate extent	To a large extent	Total	
						n	%
2	Suffer from chronic medical conditions	39 (17.0%)	63 (28.0%)	82 (36.1%)	43 (18.9%)	227	(100.0%)
5	Suffer from work-related injuries	58 (25.8%)	90 (40.0%)	47 (20.9%)	30 (13.3%)	225	(100.0%)
10	Experience domestic conflict	102 (44.3%)	89 (38.7%)	29 (12.6%)	10 (4.3%)	230	(100.0%)
4	Have problems regarding the abuse of alcohol or drugs	119 (52.7)	71 (31.4%)	21 (9.3%)	15 (6.6%)	226	(100.0%)

Items 2, 5 and 4 are indicative of health-related conflict factors that contribute to absenteeism. On item 2, 82(36.1%) and 43(18.9%) (approximately 55%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to chronic medical conditions. Forty-seven 47(20.9%) and 30 (13.3%) (approximately 34%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to suffering from work-related injuries (item 5). On item 4, 21(9.3%) and 15 (6.6%) (approximately 15.9%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to the abuse of alcohol or drugs.

Item 10 is indicative of conflicts that contributes to absenteeism. On item 10, 29 (12.6%) and 10(4.3%) (approximately 17%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to experiencing domestic conflict.

It is apparent that none of the above reasons for absenteeism are important reasons for absenteeism.

4.4.4.2 *Significant differences in the responses on conflict situations*

Significant differences resulted from the data analysis on items 4,5 and 10 in factor 4.

- ***Problems regarding the abuse of alcohol or drugs (item 4)***

Table 4.20 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 4.

Table 4.20 Nurses are absent from work because they have problems regarding the abuse of alcohol or drugs (n=226 responses)

Item	Professional category		Total responses
	Sub-professional nurses	Professional nurses	n %
Have problems regarding the abuse of alcohol or drugs			
To no extent	78 (65.5%)	41 (34.4%)	119 (100.0%)
To a limited extent	32 (45.0%)	39 (54.9%)	71 (100.0%)
To a moderate extent	16 (76.1%)	5 (23.8%)	21 (100.0%)
To a large extent	7 (46.6%)	8 (53.3%)	15 (100.0%)
			226
7 missing values			

$$\chi^2 = 11.287; df=3; p<.01$$

Of those 21 respondents who indicated that nurses are, to a moderate extent, absence from work is due to the abuse of alcohol, or drugs, 16(76.1%) were sub-professional nurses, compared to 5(23.8%) professional nurses. Of those 119 respondents who indicated that, to no extent, nurses are absent from work because of this reason, 78(65.5%) were sub-professional nurses compared to 41(34.4%) professional nurses. It is concluded that sub-professional nurses are significantly more inclined to believe that nurses are not absent from work because of alcohol, or drug abuse problems than professional nurses. Eckersley and Williams (1999:2) state that alcohol and drug abusers are also more likely to be involved in workplace accidents causing injury to themselves or others, which leads to their absence from work.

- ***Nurses experience domestic conflict (item 10)***

Table 4.21 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 10.

Table 4.21 Nurses are absent from work because they experience domestic conflict (n=230 responses)

Item	Professional category		Total responses
	Sub-professional nurses	Professional nurses	n %
Experience domestic conflict			
To no extent	68 (66.6%)	34 (33.3%)	102 (100.0%)
To a limited extent	43 (48.3%)	46 (51.6%)	89 (100.0%)
To a moderate extent	17 (58.6%)	12 (41.3%)	29 (100.0%)
To a large extent	8 (80.0%)	2 (20.0%)	10 (100.0%)
			230
3 missing values			

$$\chi^2 = 8.511; df=3; p < .037$$

Of those 10 respondents who indicated that nurses are, to a large extent, absent from work due to domestic conflict, 8(80.0%) were sub-professional nurses compared to only 2 (20.0%) professional nurses. On the other hand, of those 102 respondents who indicated that domestic conflict contributes, to no extent, towards absenteeism, 68 (66.6%) were sub-professional nurses compared to 34 (33.3%) professional nurses. It can be concluded that sub-professional nurses are significantly more inclined to believe that nurses are absent from work due to domestic conflict than the professional nurses. The findings in this study should be viewed within the context of the findings of Remsburg et al. (1999a:13), which revealed that absenteeism is related to domestic conflicts, such as violence at home that results in injuries to the nurse and resultant absence from work.

- ***Work-related injuries (item 5)***

Table 4.22 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 5.

Table 4.22 Nurses are absent from work because they suffer from work-related injuries (n=225 responses)

Item	Professional category		Total responses
	Sub-professional nurses	Professional nurses	n %
Suffer from work-related injuries			
To no extent	32 (55.1%)	26 (44.8%)	58 (100.0%)
To a limited extent	46 (51.1%)	44 (48.8%)	90 (100.0%)
To a moderate extent	28 (59.5%)	19 (40.4%)	47 (100.0%)
To a large extent	26 (86.6%)	4 (13.3%)	30 (100.0%)
			225
8 missing values			

$$\chi^2 = 12.126; df=3; p<.007$$

Of those 30 respondents who indicated that nurses are, to a large extent, absent from work due to work-related injuries, 26 (86.6%) were sub-professional nurses compared to 4 (13.3%) professional nurses. Absenteeism is, to a moderate extent, attributed to work-related injuries as indicated by 47 respondents of whom 28 (59.5%) were sub-professional nurses compared to 19 (40.4%) professional nurses. The sub-professional nurses are therefore significantly more inclined to believe that nurses are absent from work because they suffer from work-related injuries than their counterparts. Busse and Bridger (1997:55) found that absenteeism is due to work-related injuries, and that these injuries result when nurses assist patients out of bed or transport them without assistance.

4.5 SECTION C: CHARACTERISTICS OF THE NURSE MANAGER

The following discussions address the research question that stated:

- **Which characteristics of the nurse manager contribute to absenteeism among nurses?**

Based on a factor analysis, three factors/categories of reasons for absenteeism, associated with the *characteristics of the manager*, were identified (table 4.23). The table indicates the factors, the items and the factor loadings in section C of the questionnaire.

Table 4.23 Factors on the characteristics of the nurse manager

FACTOR LOADING ON ITEMS IN SECTION C OF THE QUESTIONNAIRE					
Factors	Item no	F 1	F 2	F 3	Crhonbach's alpha
5. Negative communication between the nurse manager and nurses	28	.722			0.9055
	39	.721			
	38	.708			
	40	.660			
	27	.649			
	26	.613			
	41	.577			
	30	.523			
	35	.485			
	29	.458			
6. Autocratic leadership style	21		.798		0.8977
	24		.765		
	22		.705		
	20		.635		
	23		.582		
	25		.572		
7. Need for supportive environment	34			.849	0.8571
	32			.714	
	33			.690	
	31			.636	
	37			.576	
	36			.527	

Each of the three factors will be discussed with reference to:

- frequency distributions of responses on the items, incorporated into each factor.
- significant differences between the respondents groups

The discussion will not focus on the factors, but on items within the factors.

4.5.1 Negative communication between the nurse manager and nurses (Factor 1)

Factor 1 comprises reasons for absenteeism that are classified under negative communication between the nurse manager and the nursing staff. Absenteeism could result

because nurse managers make negative comments about nurses' performances (item 28), give negative feedback about their performance (item 40) or offer harsh criticisms for mistakes while performing patient care activities (item 26). Occurrences of conflict between the nurse manager and nurses (item 27), ineffective conflict resolution (item 30), and victimisation of nurses by the nurse manager (item 41) could also be associated with negative communication, which in turn could contribute towards absenteeism. The same applies to demonstration of a lack of trust in nurses (item 39), while showing favouritism to some nurses (item 38). A laissez-faire management style that could lead to junior nurses controlling the unit (item 29), and a lack of individual support (item 35), could be indicative of a climate of low support and negativity. Nurses could experience a feeling of anger, and a sense of betrayal, if the nurse manager is critical rather than supportive towards them (McNeese-Smith 1997:53). Negative communication such as criticism, results in a lack of enthusiasm among nurses, and creates hostility and aggression among nursing staff. Weaker nurses could tend to shy away from responsibility by being absent from work (Booyens 1998:407).

4.5.1.1 Frequency distributions of responses on negative communication between the nurse manager and nurses

Table 4.24 indicates the frequency distributions of responses on items incorporated into factor 1.

Table 4.24 Responses on negative communication between the nurse manager and nurses

Items: Negative communication between the nurse manager and nurses		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %
38	The nurse manager shows favouritism to some nurses in the workplace	37 (16.1%)	33 (14.4%)	46 (20.0%)	113 (49.3%)	229 (100.0%)
35	There is lack of individual support	43 (18.6%)	33 (14.3%)	47 (20.4%)	107 (46.5%)	230 (100.0%)
28	The nurse manager always makes negative comments about nurses' performance	59 (25.7%)	39 (17.0%)	34 (14.8%)	97 (42.3%)	229 (100.0%)
39	The nurse manager lacks trust in her nurses	58 (27.8%)	37 (17.7%)	28 (13.4%)	85 (40.8%)	208 (100.0%)
40	Negative feedback about work performance	50 (21.9%)	59 (25.8%)	39 (17.1%)	80 (35.0%)	228 (100.0%)
26	Nurses are always criticised harshly for making mistakes while performing patient care activities	69 (29.8%)	34 (14.7%)	47 (20.3%)	81 (35.0%)	231 (100.0%)
27	They come into conflict with the nurse manager	60 (26.4%)	49 (21.5%)	47 (20.7%)	71 (31.2%)	227 (100.0%)
30	Conflicts among nurses are not resolved	49 (21.2%)	59 (25.5%)	55 (23.8%)	68 (29.4%)	231 (100.0%)
41	Nurses are victimised by the nurse manager	105 (45.8%)	41 (17.9%)	17 (7.4%)	66 (28.8%)	229 (100.0%)
29	The laissez-faire management style of the nurse manager leads to many nurses controlling unit activities	74 (32.0%)	65 (28.1%)	43 (18.6%)	49 (21.2%)	231 (100.0%)

Items 38, 35, and 28 are indicative of a lack of respect for individual nurses. On item 38, 46 (20.0%) and 113 (49.3%) (approximately 70%) respondents attributed favouritism to absenteeism, to a moderate or to a large extent. On item 35, 47 (20.4%) and 107 (46.5%) (approximately 67%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to a lack of individual support by the nurse manager. Nurse managers should provide a supportive communication climate in which the ideas of many

individuals are fostered and acknowledged. Nurses ought to be encouraged to ask questions and give solutions to problems (Booyens 1998:262). On item 28, 34 (14.8%) and 97 (42.3%) (approximately 57%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because the nurse manager makes negative comments about nurses' performance. McNeese-Smith (1997:53) found that negative comments by the nurse manager discourage nurses from doing their best in the workplace.

Items 39, 26, 40, 27 and 41 are indicative of a lack of interpersonal relations in the workplace. On item 39, 28 (13.4%) and 85 (40.8%) (approximately 55%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because the nurse manager lacks trust in her nurses. Forty-seven 47 (20.3%) and 81 (35.0%) (approximately 55%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because of being always criticised for making mistakes while performing patient care activities (item 26). Thirty-nine 39(17.1%) and 80(35.0%) (approximately 52%) respondents attributed absenteeism to negative feedback about work performance, to a moderate or to a large extent (item 40). Negative feedback could lead to unpleasant arguments between the nurse manager and the nurse concerned, which can lead to absenteeism in the workplace (Booyens 1998:270). Morrow et al. (1999:363) point out that, after a nurse has received negative information about his or her performance, he or she might act to reduce the mismatch by being absent from work. On item 27, 47 (20.7%) and 71 (31.2%) (approximately 52%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they come into conflict with the nurse manager. Furthermore, 17(7.4%) and 66 (28.8%) (approximately 36%) respondents indicated that, to a moderate or to a large extent, nurses are absent because they are victimised by the nurse manager (item 41).

Items 30 and 29 are indicative of a lack of control in the units. On item 30, 55 (23.8%) and 68 (29.4%) (approximately 53%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because conflicts among nurses are not resolved. On item 29, 43 (18.6%) and 49 (21.2%) (approximately 39%) respondents indicated that, to a moderate to a large extent, nurses are absent from work due to the laissez-faire management style of the nurse manager, that could lead to many nurses controlling unit activities.

None of the cited reasons for absenteeism appear to be important according to the responses obtained.

4.5.2 Autocratic leadership style (Factor 2)

Factor 2 comprises reasons for absenteeism that are classified under the autocratic leadership style of a nurse manager. The nurse manager using a one-way communication style (item 21), making decisions alone in the workplace (item 24) and shouting at nurses who do not conform to his or her standards and expectations (item 22) is indicative of an autocratic leadership style. Absenteeism may occur as a result of nurses not liking the autocratic style of the nurse manager (item 20), the nurse manager exercising power with coercion in the daily management of nursing staff (item 25) and failing to satisfactorily solve nurses' problems in the workplace (item 23). Nurses working with an autocratic manager are afraid to risk new ventures because they could be punished for the slightest mistakes. Nurses then find the work boring; hence they apt to be absent from work for minor reasons (Booyens 1998:269).

4.5.2.1 *Frequency distributions of responses on autocratic leadership style*

Table 4.25 indicates the frequency distributions of responses on items incorporated into factor 2.

Table 4.25 Responses on autocratic leadership style

Items: Autocratic leadership style		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %
23	Nurses' problems are not Satisfactorily solved	25 (10.8%)	29 (12.6%)	40 (17.3%)	136 (59.1%)	230 (100.0%)
20	They do not like the autocratic style of the nurse manager in the workplace	45 (19.5%)	46 (20.0%)	40 (17.3%)	99 (43.0%)	230 (100.0%)
21	The nurse manager uses one-way communication	40 (17.3%)	47 (20.3%)	45 (19.4%)	99 (42.8%)	231 (100.0%)
24	The nurse manager makes decisions alone in the workplace	48 (20.9%)	40 (17.4%)	46 (20.0%)	95 (41.4%)	229 (100.0%)
22	The nurse manager shouts at nurses who do not conform with his/her standards and expectations	61 (26.6%)	45 (19.7%)	54 (23.6%)	69 (30.1%)	229 (100.0%)
25	The nurse manager exercises power with coercion in the daily management of nursing staff	67 (29.1%)	71 (30.9%)	40 (17.4%)	52 (22.6%)	230 (100.0%)

Unsatisfactory solving of nurses problems by the nurse manager (item 23) appears to be problematic, as 40 (17.3%) and 136 (59.1%) (approximately 76%) respondents attributed absenteeism, to a moderate extent or to a large extent, to this. McNeese-Smith (1997:53) mentions that the nurse manager who does not follow through to solve a nurse's problems might cause frustration and anger among nurses, with resultant absenteeism.

Items 22 and 25 are indicative of the manifestations of an autocratic leadership style, which appear to be contributing to absenteeism. On item 22, 54 (23.6%) and 69 (30.1%) (approximately 54%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because the nurse manager shouts at nurses who do not conform with his/her standards and expectations. Forty 40 (17.4%) and 52 (22.6%) (approximately 40%) indicated that, to a moderate or to a large extent, nurses are absent from work because the nurse manager exercises power with coercion in the daily management of nursing staff (item 25).

items 21, 24 and 20 are indicative of a lack of involvement of subordinates. On item 21, 45 (19.4%) and 99 (42.8%) (approximately 62%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because the nurse manager uses a one-way communication. Furthermore, 46 (20.0%) and 95 (41.4%) respondents (approximately 61%) indicated that, to a moderate or to a large extent, nurses are absent from work because the nurse manager makes decisions alone in the workplace (item 24). On item 20, 40 (17.3%) and 99 (43.0%) (approximately 60%) respondents indicated that, to a moderate extent or to a large extent, nurses are absent from work because they do not like the autocratic style of the nurse manager in the workplace. According to Booyens (1998:408) nurses working with an autocratic manager are afraid to risk new ventures because they could be punished for the slightest mistakes, which might occur during their work activities. This leads to a situation whereby nurses are apt to be absent from work for minor reasons.

It is apparent from the above discussion that an inability of the nurse manager to **solve nurses' problems satisfactorily**, is an important reason for absenteeism in the workplace.

4.5.2.2 *Significant differences on the nurse manager's autocratic leadership style*

Significant differences resulted from the data analysis on items 25 and 22 in factor 2.

- ***Exercising power with coercion in the daily management of nursing staff (item 25)***

Table 4.26 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 25.

Table 4.26 Nurses are absent from work because the nurse manager exercises power with coercion in the daily management of nursing staff (n=229 responses)

Item	Professional category		Total Responses
	Sub-professional nurses	Professional nurses	n %
The nurse manager exercises power with coercion in the daily management of staff			
To no extent	40 (59.7%)	27 (40.2%)	67 (100.0%)
To a limited extent	32 (45.7%)	38 (54.2%)	70 (100.0%)
To a moderate extent	24 (60.0%)	16 (40.0%)	40 (100.0%)
To a large extent	40 (76.9%)	12 (23.0%)	52 (100.0%)
			229
4 missing values			

$$\chi^2 = 12.065; df=3; p<.005$$

Of those 52 respondents who indicated that nurses are, to a large extent, absent from work due to the nurse manager exercising power with coercion in the daily management of nursing staff, 40 (76.9%) were sub-professional nurses and 12(23.0%) professional nurses. Forty 40 respondents attributed absenteeism to coercive power, to a moderate extent. Of these respondents, 24 (60.0%) were sub-professional nurses and 16 (40.0%) professional nurses. It could be concluded that the sub-professional nurses are significantly more inclined to believe nurses are absent from work because the nurse manager exercises coercion in the daily management of the nursing staff, than professional nurses.

- ***Shouting at nurses who do not conform with the nurse manager's standards and expectations (item 22)***

Table 4.27 indicates significant differences between the responses of the nurses younger than 40 and those 40 years and older, on item 22.

Table 4.27 Nurses are absent from work because the nurse manager shouts at nurses who do not conform to his/her standards/expectations (n=225 responses)

Item	Age group		Total responses
	Younger than 40	40 years and older	n %
The nurse manager shouts at nurses who do not conform with his/her standards and expectations			
To no extent	25 (42.3%)	34 (57.6%)	59 (100.0%)
To a limited extent	25 (56.8%)	19 (43.1%)	44 (100.0%)
To a moderate extent	37 (68.5%)	17 (31.4%)	54 (100.0%)
To a large extent	29 (42.6%)	39 (57.3%)	68 (100.0%)
			225
8 missing values			

$$\chi^2 = 10.862; df=3; p<0.05$$

Of those 68 respondents who indicated that nurses are, to a large extent, absent from work because the nurse manager shouts at nurses who do not conform with his or her standards and expectations, 29 (42.6%) were younger than 40 and 39 (57.3%) were 40 years and older. Absenteeism was attributed to shouting to a moderate extent by 54 respondents, of which 37 (68.5%) were younger than 40 and 17 (31.4%) were 40 years and older. It is apparent that nurses younger than 40 years are significantly more inclined to attribute absenteeism to shouting behaviour of the nurse manager than older nurses. According to Forster (1995:81) autocratic managers are usually aggressive, and tend to reprimand nurses by shouting at them. This could lower the morale of the staff and contribute to absenteeism in the workplace.

4.5.3 Need for a supportive environment (Factor 3)

Factor 3 comprises reasons for absenteeism that are classified under a need for a supportive environment. Absenteeism could be a result of discrepancies between what nurses need and what they experience in the workplace. Nurses need sufficient encouragement (item 34), a friendly atmosphere (item 33) and to be complimented on good work done (item 31). Nurses also have a need for two-way communication between the nurse manager and themselves

(item 36). However, if the nurse manager fails to meet nurses' needs, absenteeism could occur. Indications of a failure to establish a supportive environment for nurses include experiences of inadequate support from the nurse manager (item 32) and inadequate counselling by the nurse manager (item 37). Chaboyer et al. (1999:37) state that support can be in the form of formal or informal meetings between the nurse manager and nurses. The said authors also remark that a communication book and newsletters could be useful tools to support nursing staff and to give feedback in a busy working environment.

4.5.3.1 Frequency distributions of responses on need for a supportive environment

Table 4.28 indicates the frequency distributions of responses on items incorporated into factor 3.

Table 4.28 Responses on the need for a supportive environment

Items: Need for supportive environment		To no extent	To a limited extent	To a moderate extent	To a large extent	Total	
						n	%
34	They need sufficient encouragement by the nurse manager	39 (17.4%)	54 (24.2%)	42 (18.8%)	88 (39.4%)	223	(100.0%)
36	They have the need of two-way communication between the nurse manager and nurses	42 (19.0%)	53 (24.0%)	54 (24.4%)	72 (32.6%)	221	(100.0%)
31	They need to be complimented on good work done	55 (24.4%)	63 (28.0%)	28 (12.4%)	79 (35.1%)	225	(100.0%)
37	Because of inadequate counselling of nurses by the nurse manager	46 (20.4%)	54 (24.0%)	46 (20.4%)	79 (35.1%)	225	(100.0%)
33	They need the nurse manager to create a friendly atmosphere in the workplace	67 (29.5%)	54 (23.7%)	31 (13.6%)	75 (33.0%)	227	(100.0%)
32	They experience inadequate support from the nurse manager when performing patient care activities	55 (24.4%)	63 (28.0%)	45 (20.0%)	62 (27.5%)	225	(100.0%)

Items 34, 36 and 31 indicate nurses' need for supportive communication by the nurse manager. Respondents indicated that they need sufficient encouragement by the nurse manager (item 34). On this item, 42(18.8%) and 88(39.4%) (approximately 58%) respondents indicated that, to a moderate or to a large extent, the need for encouragement can contribute towards absenteeism. On item 36, 54(24.4%) and 72(32.6%) (approximately 57%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because of a need for two-way communication between the nurse manager and nurses. On item 31, 28 (12.4%) and 79 (35.1%) (approximately 48%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to a need to be complimented on good work done (item 31).

Items 37, 33 and 32 are indicative of nurses' need for support systems in the workplace. On item 37, 46 (20.4%) and 79 (35.1%) (approximately 56%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to inadequate counselling of nurses by the nurse manager. Bennett (2002:6) and 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 item 33, 31 (13.6%) and 75 (33.0%) (approximately 47%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they need the nurse manager to create a friendly atmosphere in the workplace. Furthermore, 45 (20.0%) and 62 (27.5%) (approximately 48%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they experience inadequate support from the nurse manager while performing patient care activities (item 32).

None of the cited reasons for absenteeism appear to be important according to the responses obtained.

4.5.3.2 *Significant differences in responses on a need for a supportive environment*

Significant differences resulted from the data analysis on item 36 in factor 3.

- ***A need for two-way communication (item 36)***

Table 4.29 indicates significant differences between the responses of nurses younger than 40 and those who are 40 years and older, on item 36.

Table 4.29 Nurses are absent from work because they have the need for two-way communication between the nurse manager and nurses (n=218 responses)

Item	Age group		Total Responses
They have a need for two-way communication between the nurse manager and nurses	Younger than 40	40 years and older	n %
To no extent	12 (29.2%)	29 (70.7%)	41 (100.0%)
To a limited extent	32 (60.3%)	21 (39.6%)	53 (100.0%)
To a moderate extent	31 (57.4%)	23 (42.5%)	54 (100.0%)
To a large extent	33 (47.1%)	37 (52.8%)	70 (100.0%)
			218
15 missing values			

$$\chi^2 = 10.728; df=3; p < .013$$

Of those 54 respondents who indicated that nurses are, to a moderate extent, absent from work due to a need for two-way communication between the nurse manager and nurses, 31(57.4%) were younger than 40 years, and 23 (42.5%) were 40 years and older. Of those 53 respondents who indicated that absenteeism is due to a need for two-way communication between the nurse manager and nurses, 32 (60.3%) were younger than 40 compared to 21(39.6%) who were 40 years and older. It is evident that the younger nurses are significantly more inclined than the older nurses to believe that nurses are absent from work because they have the need for two-way communication between the nurse manager and nurses. Taunton et al. (1995:225) state that a lack of two-way communication between the nurse manager and nurses contributes to absenteeism in the workplace.

4.6 SECTION D: CHARACTERISTICS OF THE WORK

The following discussions which address the research question that stated:

- **Which characteristics of the work contribute to absenteeism among nurses?**

Factor analysis resulted in six factors/categories of reasons for absenteeism due to *characteristics of the work* as outlined in Table 4.30. The table indicates the factors, the items and the factor loadings in section D of the questionnaire.

Table 4.30 Factors on characteristics of the work

FACTOR LOADING ON ITEMS IN SECTION D OF THE QUESTIONNAIRE								
Factors	Item no	F1	F2	F3	F4	F5	F6	Chronbach's alpha
8. Inadequate group cohesion	47	.733						0.8233
	45	.611						
	50	.601						
	48	.576						
	49	.566						
	67	.540						
	46	.469						
9. Delegation of autonomy	51		.640					0.7895
	61		.615					
	58		.572					
	57		.498					
	52		.477					
	65		.421					
10. Role ambiguity	59			.666				0.7877
	66			.638				
	54			.605				
	55			.503				
	53			.460				
	56			.452				
	60			.433				
11. Ineffective routinisation	44				.752			0.6954
	43				.572			
12. Effect of workload in the workplace	63					.661		0.6627
	62					.628		
13. Flexible working schedules	64						.614	

Each of the factors will be discussed with reference to:

- frequencies of responses on the items incorporated into each factor
- significant differences between the two respondent groups

The discussions will not focus on the factors, but on the items within the factors.

4.6.1 Inadequate group cohesion (Factor 1)

Factor 1 comprises reasons for absenteeism that are classified under group cohesion because it deals with group dynamics and social relations among group members in the workplace. The nature of group dynamics, group behaviour and interpersonal working relationships contributes towards enhanced or decreased group cohesion. Reasons associated with group dynamics include a lack of social relations with peers in the workplace (item 47) and insufficient group cohesion with peers (item 45). Group behaviour, such as a lack of a culture of work attendance among peers (item 50), tolerance for absenteeism in the case of some nurses in the unit (item 49) and a lack of a work ethic among nurses in the unit (item 48), can also lead to absenteeism. Working relationships, such as a lack of personal relations within the workgroup (item 67), could also contribute towards absenteeism. Another possible reason for absenteeism is the pressure experienced by nurses because they have to learn new skills every day, in which they are not interested (item 46). Members of a cohesive group have stronger social relations, which facilitate the internalisation of group norms, than members of a group who experience impaired group cohesion. Absenteeism is lower in groups where group cohesion prevails than in groups characterised by low cohesion. As group cohesion increases, the levels of absenteeism decrease (Gellatly & Luchak 1998:1087). Shader et al. (2001:210) state that decreased levels of group cohesion and high rates of absenteeism prevail among groups who are exposed to flexible working schedules.

4.6.1.1 *Frequency distributions of responses on inadequate group cohesion*

Table 4.31 indicates the frequency distributions of responses on items incorporated into factor 1.

Table 4.31 Responses on inadequate group cohesion

Items: Group cohesion		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %
46	Because of having to learn new skills every day, in which they are not interested	63 (27.3%)	48 (20.8%)	37 (16.0%)	82 (35.6%)	230 (100.0%)
49	Because of tolerance for absenteeism in the case of some nurses in the unit	80 (34.9%)	52 (22.7%)	45 (19.7%)	52 (22.7%)	229 (100.0%)
45	There is insufficient group cohesion with peers	72 (31.4%)	71 (31.0%)	41 (17.9%)	45 (19.6%)	229 (100.0%)
67	Lack of personal relations within the workgroup	85 (37.1%)	61 (26.6%)	41 (17.9%)	42 (18.3%)	229 (100.0%)
50	A lack of culture of work attendance among peers	106 (46.1%)	45 (19.6%)	40 (17.4%)	39 (17.0%)	230 (100.0%)
47	Because of the lack of social relations with peers in the workplace	90 (39.3%)	65 (28.3%)	34 (14.8%)	40 (17.4%)	229 (100.0%)
48	The lack of a work ethic among nurses in the unit	118 (51.9%)	52 (22.9%)	40 (17.6%)	23 (10.1%)	227 (100.0%)

Item 46 is indicative that constantly changing skill demands contribute to absenteeism, as 37(16.0%) and 82 (35.6%) (approximately 52%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because of having to learn new skills everyday in which they are not interested.

Items 45, 67 and 47 are indicative of working relations contributing to absenteeism. On item 45, 41(17.9%) and 45(19.6%) (approximately 38%) respondents indicated that, to a moderate or to a large extent, absence from work is due to insufficient group cohesion with peers (item 45). On item 67, 41(17.9%) and 42(18.3%) (approximately 36%) respondents indicated that, to a moderate or to a large extent, absence from work is due to a lack of personal relations within the work group. Item 47 revealed that 34 (14.8%) and 40 (17.4%) (approximately 32%) respondents indicated that, to a moderate or to a large extent, absence from work is due to a

lack of social relations with peers in the workplace. Parker and Kulik (1995:595) found that stress-related absences among professional nurses are associated with perceptions of inadequate social support from others at work.

Item 49 is indicative of inconsistency in managing absenteeism in the workplace. On this item, 45(20%) and 52(22.7%) (approximately 42%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to tolerance of absenteeism in the case of some nurses in the nurses.

Items 50 and 48 are indicative of group norms that contribute towards absenteeism. On item 50, 40 (17.4%) and 39 (17%) (approximately 34%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to a lack of culture of work attendance among peers. On item 48, 40 (17.4%) and 23 (10.1%) (approximately 28%) respondents indicated that, to a moderate or to a large extent, absenteeism is due to a lack of work ethics among nurses in the unit. Saksvik and Nytro (2001:17) point out that nurses with a low personal work ethic have no sense of responsibility towards their work and have the tendency to absent from work without serious reasons.

None of the cited reasons for absenteeism appear to be important according to the responses obtained.

4.6.1.2 *Significant differences that resulted from the items on inadequate group cohesion*

Significant differences resulted from the data analysis on items 49 and 50 in factor 1.

- ***Tolerance for absenteeism in the case of some nurses in the unit (item 49)***

Table 4.32 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 49.

Table 4.32 Nurses are absent from work because of tolerance for absenteeism in the case of some nurses in the unit (n=229 responses)

Item	Professional category		Total responses
	Sub-professional nurses	Professional nurses	n %
Because of tolerance for absenteeism In the case of some nurse in the unit			
To no extent	53 (66.2%)	27 (33.7%)	80 (100.0%)
To a limited extent	26 (50.0%)	26 (50.0%)	52 (100.0%)
To a moderate extent	33 (73.3%)	12 (26.6%)	45 (100.0%)
To a large extent	24 (46.1%)	28 (53.8%)	52 (100.0%)
			229 (100.0%)
4 missing values			

$$\chi^2 = 10.867; df=3; p<.012$$

Of those 45 respondents who indicated that nurses are, to a moderate extent, absent from work due tolerance for absenteeism in the case of some nurses in the unit, 33 (73.3%) were sub-professional and 12 (26.6%) professional nurses. Differences in opinion occurred as 80 respondents, of which 53 (66.2%) were sub-professional compared to 27(33.7%) professional nurses, indicated that to no extent tolerance contribute to absenteeism. It is concluded that the sub-professional nurses are significantly less inclined than the professional nurses to believe that absence from work is due to tolerance for absenteeism in the case of some nurses in the unit. Gaudine and Saks (2001:28) state that lack of absenteeism feedback to extreme offenders contributes to absenteeism in a nursing unit. They also point out that absentees should be given feedback about their own number of absent days as compared with their peers.

- ***The lack of a culture of work attendance among peers (item 50)***

Table 4.33 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 50.

Table 4.33 Nurses are absent from work because of the lack of a culture of work attendance among peers (n=230 responses)

Item	Professional category		Total responses
	Sub-professional nurses	Professional nurses	n %
The lack of a culture of work attendance among peers			
To no extent	73 (68.8%)	33 (31.1%)	106 (100.0%)
To a limited extent	25 (55.5 %)	20 (44.4%)	45 (100.0%)
To a moderate extent	18 (45.0%)	22 (55.0%)	40 (100.0%)
To a large extent	20 (51.2%)	19 (48.7%)	39 (100.0%)
			230 (100.0%)
3 missing values			

$\chi^2 = 8.696; df=3; p < .034$

Of those 40 respondents who indicated that nurses are, to a moderate extent, absent from work due to the lack of a culture of work attendance among peers, 18(45.0%) were sub professional and 22(55.0%) were professional nurses. A significant difference in opinion occurred, as 73(68.8%) sub-professional nurses, compared to 33(31.1%) professional nurses, attributed absenteeism this reason to no extent. It is apparent that the sub-professional nurses are significantly less inclined than the professional nurses to believe that nurses are absent from work because of the lack of a culture of work attendance among peers. The results of this study could be viewed within the context of the findings of Gellatly & Luchak (1998:1086), which revealed that an individual's behaviour regarding absenteeism is affected to varying degrees by the collective behaviours of others. A culture of work attendance is learned through interactions with peers in the workplace. An individual experiences social pressure to lower his or her absence to a group norm, or the culture of the group.

4.6.2 Delegation of autonomy (Factor 2)

Factor 2 comprises reasons for absenteeism that are classified under delegation of autonomy because this deals with nurses making decisions on their own or performing functions independently irrespective of their abilities. According to Adams and Bond (2000:541),

knowledgeable nurses who possess a variety of skills prefer to be autonomous. However if nurses lack the necessary skills, autonomy can become threatening and lead to absenteeism. Nurses can engage in absentee behaviour because they have to do a number of things in the workplace (item 51), and have to do a job that requires more skill than those which they have (item 61). Stressful situations that are related to autonomy are anxiety about having to make too many decisions (item 52), having to work in a threatening environment (item 58) and having to work overtime in order to complete patient care activities (item 65). A lack of flexibility in allowing nurses the off duties which they desire (item 57) aggravates the problems that nurses experience. McGilton and Pringle (1999:259) mention that competency assessment to determine the capability of nurses who are expected to make decisions, is a critical feature before delegation of responsibilities occurs. According to Grant et al. (1995:617) very few nurses are in favour of autonomy in the workplace. The mentioned authors also add that nurses who are not in favour of autonomy might feel that too many responsibilities are delegated to them. They may be inclined to perceive autonomy as a burden.

4.6.2.1 *Frequency distributions of responses on delegation of autonomy*

Table 4.34 indicates the frequency distributions of responses on items incorporated into factor 2.

Table 4.34 Responses to delegation of autonomy

Items: Delegation of autonomy		To no extent	To a limited extent	To a moderate extent	To a large extent	Total	
						n	%
52	Because of anxiety about having to make too many decisions	36 (15.7%)	45 (19.6%)	23 (10.0%)	125 (54.5%)	229	(100.0%)
58	Nurses have to work in a threatening environment	48 (21.0%)	39 (17.1%)	33 (14.4%)	108 (47.3%)	228	(100.0%)
57	Units lack flexibility in allowing nurses the off duties which they desire	29 (12.8%)	47 (20.8 %)	52 (23.1%)	97 (43.1%)	225	(100.0%)
51	They have to do a number of things in the workplace	36 (15.6%)	50 (21.7%)	51 (22.1%)	93 (40.4%)	230	(100.0%)
61	They have to do a job that requires more skills than those which they have	64 (27.8%)	38 (16.5%)	40 (17.4%)	88 (38.3%)	230	(100.0%)
65	Because of having to work overtime in order to complete patient care activities	56 (24.4%)	46 (20.0%)	44 (19.2%)	83 (36.2%)	229	(100.0%)

Items 52, 51, 58 and 61 showed that stressful situations contribute to absenteeism. On item 52, 23(10.0%) and 125(54.5%) (approximately 65%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to anxiety about having to make too many decisions. Hirschfeld et al. (2002:561) hold the opinion that nurses who consider their job to require a variety of skills are likely to be absent more often, than those who consider their job as normal. On item 51, 51 (22.1%) and 93 (40.4%) (approximately 62%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to having to do a number of things in the workplace. According to Hemingway and Smith (1999:296) autonomy could cause role ambiguity and work pressure that can contribute to absenteeism. Furthermore, 33 (14.4%) and 108 (47.3%) (approximately 62%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to having to work in a threatening environment (item 58). On item 61, 40(17.4%) and 88(38.3%) (approximately 57%) respondents indicated that, to a moderate or to a large

extent, nurses are absent from work due to having to do a job that requires more skills than those which they have.

Inflexible and unpredictable working conditions also appear to contribute to absenteeism. According to 52 (23.1%) and 97 (43.1%) (approximately 62%) respondents, nurses are absent from work, to a moderate or to a large extent, because units lack flexibility in allowing nurses the off duties which they desire (item 57). Borda and Norman (1997:381) discovered that a lack of flexible work schedules contributes to dissatisfaction among nurses, with resultant absenteeism. Furthermore, on item 65, 44 (19.2%) and 83 (36.2%) (approximately 55%) respondents indicated that, to a moderate or to a large extent, absence from work is due to having to work overtime in order to complete patient care activities.

None of the cited reasons for absenteeism appear to be important according to the responses obtained.

4.6.2.2 *Significant differences in responses to delegation of autonomy*

Significant differences resulted from the data analysis on item 61 in factor 2.

- ***Nurses have to do a job that requires more skill than those which they have (item 61)***

Table 4.35 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 61.

Table 4.35 Nurses are absent from work because they have to do a job that requires more skill than those which they have (n=230 responses)

Item	Professional category		Total Responses
	Sub-professional nurses	Professional nurses	n %
They have to do a job that requires more skills than those which they have			
To no extent	35 (54.6 %)	29 (45.3%)	64 (100.0%)
To a limited extent	15 (39.4%)	23 (60.5%)	38 (100.0%)
To a moderate extent	28 (70.0%)	12 (30.0%)	40 (100.0%)
To a large extent	58 (65.9%)	30 (34.0%)	88 (100.0%)
			230 (100.0%)
3 missing values			

$$\chi^2 = 10.227; df=3; p < 0.017$$

Of those 40 respondents who indicated that nurses are, to a moderate extent, absent from work because they have to do a job that requires more skills than those which they have, 28 (70.0%) were sub-professional nurses compared to only 12(30.0%) professional nurses. Of the 88 respondents who attributed absenteeism to these skill requirements, to a large extent, 58(65.9%) were sub-professional nurses and 30(34.0%) professional nurses. It can be concluded that the sub-professional nurses are significantly more inclined to believe that nurses are absent from work due to doing a job that requires more skill than those which they have, than the professional nurses. Hemingway and Smith (1999:295) state that owing to a lack of clarity regarding job responsibilities, junior nurses are often allocated duties which they are not trained or qualified to do. These discrepancies contribute to absenteeism.

4.6.3 Role ambiguity (Factor 3)

Factor 3 comprises reasons for absenteeism that are classified under role ambiguity because this indicates that nurses lack clarity on how they are expected to perform their duties and that they are dissatisfied with the shifts because they are expected to work. Flexibility in the units is needed. Having to work fluctuating shifts (item 59) and to work night shifts (item 66), can lead to a sense of dissatisfaction among nurses. This can be compounded by having to perform duties without a job description (item 54) and a lack of clear roles in the unit (item

55). Regular meetings between the nurse manager and nurses (item 53) are required to ensure that the needed information is disseminated to nurses, as absence from work can occur due to insufficient orientation about the job (item 56). Nurses could opt to be absent from work due to insufficient opportunities to work independently (item 60).

4.6.3.1 *Frequency distributions of responses on role ambiguity*

Table 4.36 indicates the frequency distributions of responses on items incorporated into factor 3.

Table 4.36 Responses on role ambiguity

Items on role ambiguity		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %
66	Have to work on night shifts which they do not like	67 (29.9%)	43 (19.1%)	31 (13.8%)	83 (37.0%)	224 (100.0%)
55	Because of a lack of clear roles in the unit	59 (25.6%)	50 (21.7%)	45 (19.5%)	76 (33.0%)	230 (100.0%)
56	Because of insufficient orientation about the job	66 (28.8%)	45 (19.6%)	45 (19.6%)	73 (31.8%)	229 (100.0%)
59	They have to work fluctuating shifts	92 (40.2%)	47 (20.5%)	45 (19.7%)	45 (19.7%)	229 (100.0%)
53	They have a need for regular meetings between the nurses manager and nurses	71 (31.6%)	49 (21.8%)	43 (19.1%)	61 (27.2%)	224 (100.0%)
54	They have to perform duties without a job description	96 (41.9%)	51 (22.3%)	28 (12.2%)	54 (23.6%)	229 (100.0%)
60	Because of insufficient opportunity to work independently	116(51.7%)	52 (23.2%)	37 (16.5%)	19 (8.4%)	224 (100.0%)

Items 55, 56, 53 and 54 are indicative of absenteeism due to a need for information and role clarification. On item 55, 45(19.5%) and 76(33.0%) (approximately 53%) respondents indicated that, to a moderate or to a large extent, absent from work is due to a lack of clear roles in the unit. On item 56, 45 (19.6%) and 73 (31.8%) (approximately 51%) respondents indicated that, to a moderate or to a large extent, absence from work is due to insufficient

orientation about the job. On item 53, 43(19.1%) and 61(27.2%) (approximately 46%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to a need for regular meetings between the nurse manager and nurses. On item 54, 28 (12.2%) and 54 (23.6%) (approximately 36%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they have to perform duties without a job description.

Items 59 and 66 are indicative of absenteeism due to lack of flexibility with regard to shift allocation. On item 59, 45(19.7%) and 45(19.7%) (approximately 51%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they have to work fluctuating shifts. On item 66, 31(13.8%) and 83(37.0%) (approximately 51%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because they have to work on night shifts which they do not like. Van der Walt (1999:50) mentions that nurses working on night shifts have a higher rate of absenteeism than those working on day shifts.

Item 60 is indicative of a need for independence in the unit, as a reason for absenteeism. Only 37(16.5%) and 19(8.4%) (approximately 25%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to insufficient opportunity to work independently (item 60). This finding opposes Bennett's (2002:6) view that nurses who are not given an opportunity to use their own initiative, perceive their work as boring and lacking motivating potential. This contributes to low morale and absenteeism in the workplace.

None of the cited reasons for absenteeism appear to be important according to the responses obtained.

4.6.3.2 *Significant differences in responses on role ambiguity*

Significant differences resulted from the data analysis on items 59 and 54 in factor 3.

- ***They have to work fluctuating shifts in the workplace (item 59)***

Table 4.37 indicates significant differences between the responses of nurses younger than 40 and those who are 40 years and older, on item 59.

Table 4.37 Nurses are absent from work because they have to work fluctuating shifts in the workplace (n=226 responses)

Item	Age group		Total responses
	Younger than 40 years	40 Years and older	n %
They have to work fluctuating shifts in the workplace			
To no extent	54 (59.3%)	37 (40.6%)	91 (100.0%)
To a limited extent	25 (53.1%)	22 (46.8%)	47 (100.0%)
To a moderate extent	26 (60.4%)	17 (39.5%)	43 (100.0%)
To a large extent	28 (62.2%)	17 (37.7%)	45 (100.0%)
			226 (100.0%)
7 missing values			

$\chi^2 = 7.786; df=3; p < .051$

Of those 45 respondents who indicated that nurses are, to a large extent, absent from work due to having to work fluctuating shifts in the workplace, 28(62.2%) respondents were younger than 40 years of age, and 17(37.7%) were 40 years and older. Having to work fluctuating shifts in the workplace was, to a moderate extent, attributed to as a cause of absenteeism by 43 respondents, of which 26(60.4%) were younger than 40 years and 17(39.5%) were 40 years and older. It is apparent that nurses who were 40 years younger were significantly more inclined than nurses who were 40 years and older to attribute absenteeism to fluctuating shifts. This finding supports suggestions by Shader et al. (2001:214) that fluctuating shifts are unlikely to be tolerated by younger nurses, especially those who place a high value on control over their own time. Fluctuating shifts decrease the morale of nurses, and contribute to absenteeism and staff turnover in the workplace.

- ***They have to perform duties without a job description (item 54)***

Table 4.38 indicates significant differences between the responses of nurses younger than 40 years versus 40 years and older, on item 54.

Table 4.38 Nurses are absent from work because they have to perform duties without a job description (n=226 responses)

Item	Age group		Total Responses
	Younger than 40 years	40 years and older	n %
They have to perform duties without a job description			
To no extent	38 (40.4%)	56 (59.5%)	94 (100.0%)
To a limited extent	26 (51.9%)	25 (49.0%)	51 (100.0%)
To a moderate extent	14 (51.8%)	13 (48.1%)	27 (100.0%)
To a large extent	38 (70.3%)	16 (29.6%)	54 (100.0%)
			226
7 missing values			

$$\chi^2 = 12.316; df=3; p<006$$

Of those 54 respondents who indicated that, to a large extent, nurses are absent from work due to having to perform duties without a job description, 38(70.3%) were younger than 40 years, and 16(29.6%) were 40 years and older. Having to perform duties without a job description was attributed to as causing absenteeism to a moderate extent by 27 respondents, of which 14(51.8%) were younger than 40 years and 13(48.1%), 40 years and older. It can be concluded that nurses younger than 40 years are significantly more inclined to believe that absence from work is due to having to perform duties without a job description than nurses who are 40 years and older. This finding indicates that younger nurses are more prone to experiencing role ambiguity than the older nurses. Hemingway and Smith (1999:286) state that role ambiguity owing to a lack of clarity regarding job responsibility contributes to absenteeism in the workplace. Rowland and Rowland (1997:525) argue that during orientation and after a nurse has received a job description, he or she develops a preconception of what the job will entail. If the nurses' expectations are different from job demands, they may lose interest in the job and resort to absenteeism.

4.6.4 Ineffective routinisation (Factor 4)

Factor 4 comprises reasons for absenteeism that are classified under ineffective routinisation because this deals with the daily operational activities in the workplace. Various reasons for absenteeism in the workplace are associated with unit routine. Nurses could opt to be absent from work because their skills are under-utilised (item 44), and because they are tired of unit routine (item 43). According to Johnson and Indvik (1997:2) monotonous jobs with no room for creativity can lead to the low morale and absenteeism of nursing staff.

4.6.4.1 *Frequency distributions of responses on the items that dealt with ineffective routinisation*

Table 4.39 indicates the frequency distributions of responses on items incorporated into factor 4.

Table 4.39 Responses on ineffective routinisation

Item: Ineffective routinisation		To no extent	To a limited extent	To a moderate extent	To a large extent	Total	
						n	%
43	They are tired of unit routine	102 (44.3%)	53 (23.0%)	24 (10.4%)	51 (22.1%)	230	(100.0%)
44	Their skills are under-utilised	97 (42.3%)	48 (20.9%)	43 (18.7%)	41 (17.9%)	229	(100.0%)

On item 44, 43(18.7%) and 41(17.9%) (approximately 37%) respondents indicated that, to a moderate extent or to a large extent, nurses are absent from work because their skills are under-utilised (item 44). On item 43, 24(10.4%) and 51(22.1%) (approximately 33%) respondents indicated that, to a moderate extent or to a large extent, nurses are absent from work because of tiredness regarding unit routine. Kass et al. (2001:319) state that those repetitive tasks that under-utilise one's ability, lead to feelings of boredom and fatigue, which result in absenteeism of nurses in the workplace. Rowland and Rowland (1997:524) state that if the individual's capacity is systematically under-utilised, one could find the job boring and this could lead to absenteeism.

None of the cited reasons for absenteeism appear to be important according to the responses obtained.

4.6.5 Effect of workload in the workplace (Factor 5)

Factor 5 comprises reasons for absenteeism that are classified under effect of workload in the workplace because it indicates that nurses are doing more than is expected, which results in their experiencing work pressure. Various reasons for absenteeism are associated with workload. These reasons include long working hours (item 63), and nurses being subjected to alarming workload levels (item 62). Burke and Greenglass (2000:165) state that missing tea breaks and being subjected to a high workload can increase nurses' stress levels and this can, in turn, lead to absence from work.

4.6.5.1 *Frequency distributions of responses on the effect of workload in the workplace*

Table 4.40 indicates the frequency distributions of responses on items incorporated into factor 5.

Table 4.40 Responses on effect of workload in the workplace

Items on workload for nurses		To no extent	To a limited extent	To a moderate extent	To a large extent	Total	
						n	%
63	Working hours being too long	20 (8.6%)	23 (10.0%)	37 (16.0%)	150 (65.2%)	230	(100.0%)
62	Because of the nurse's workload, which is alarming	15 (6.6%)	29 (12.9%)	26 (11.6%)	154 (68.7%)	224	(100.0%)

Items 63 and 62 are indicative of work pressure. On item 63, 37(16.0%) and 150 (65.2%) (approximately 81%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to their working hours being too long. On item 62, 26 (11.6%) and 154 (68.7%) (approximately 80%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because of the nurse's workload, which is alarming.

Santos and Cox (2000:8) mention that when workload is increased and its context is changed, nurses experience difficulties while trying to complete their allocated tasks. Nurses have to work longer hours, and this reach a point where they feel that they can no longer continue, and resort to absenteeism.

From the above it is apparent that **having to work long hours** and **an alarming workload** appear to be important reasons for absenteeism in the workplace.

4.7 SECTION E: CHARACTERISTICS OF THE ORGANISATION

The following discussions address the research question that stated:

- **Which organisational characteristics contribute that nurses are absent from work?**

Based on a factor analysis, four factors/categories of reasons for absenteeism, associated with the *characteristics of the organisation*, were identified. Table 4.41 indicates the factors, the items and the factor loadings in section E of the questionnaire.

Table 4.41 Factors on characteristics of the organisation

FACTOR LOADING ON ITEMS IN SECTION E OF THE QUESTIONNAIRE						
Factors	Item no	F1	F2	F3	F4	Chronbach alpha
14. Ineffective organisational structure	80	.778				0.9008
	84	.752				
	85	.747				
	79	.693				
	89	.642				
	78	.625				
	77	.613				
	87	.506				
	88	.503				
	86	.456				
	81	.451				
15. Inadequate career development	70		.807			0.8611
	71		.754			
	76		.644			
16. Inadequate/ unfair treatment of staff	83			.724		0.6964
	82			.616		
	74			.473		
	75			.399		
17. Lack of resources	73				.690	0.7230
	72				.661	

Each of the factors will be discussed with reference to:

- frequency distributions of responses on the items incorporated into each factor
- significant differences between the two respondent groups.

The discussions will not focus on the factors, but on the items within the factors.

4.7.1 Ineffective organisational structure (Factor 1)

Factor 1 comprises reasons for absenteeism that are classified under inadequate organisational structure because it indicates issues related to authority, communication, staff well-being, and reward systems within organisations. Absenteeism could be linked to the lack of information and feedback on meetings attended by the nurse manager (item 79), on changes being implemented in the workplace (item 80), on labour relations issues (item 89)

and on nurses' work performance (item 77). Furthermore the lack of incentives such as a rewards system for excellent performance (item 78), and inadequate salary scales for nurses (item 86), can also aggravate the problem of absenteeism. Lack of staff support, for instance health promotion (item 84) and accident prevention (item 85) programmes for nursing staff, can also contribute to absenteeism. The same applies to the existence of bureaucracy in the health care institutions (item 88), a lack of decentralisation of decision making to clinical areas (item 87) and the absence of a policy on working hours in the health care institutions (item 81).

4.7.1.1 *Frequency distributions of responses on ineffective organisational structure*

Table 4.42 indicates the frequency distributions of responses on items incorporated into factor 1.

Table 4.42 Responses on ineffective organisational structure

Items on ineffective organisational structure		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %	
86	Inadequate salary scales for nurses	26 (11.2%)	25 (10.8%)	26 (11.2%)	154 (66.6%)	231	(100.0%)
78	Lack of rewards systems for excellent performance	33 (14.6%)	30 (13.3%)	37 (16.4%)	125 (55.5%)	225	(100.0%)
89	Staff not being addressed about labour relations issues	48 (21.0%)	41 (17.9%)	37 (16.2%)	102 (44.7%)	228	(100.0%)
87	Lack of decentralisation of decision making to clinical areas	51 (22.1%)	40 (17.3%)	41 (17.8%)	98 (42.6%)	230	(100.0%)
77	There is irregular feedback about work performance	53 (22.8%)	34 (14.7%)	52 (22.4%)	93 (40.1%)	232	(100.0%)
88	Existence of bureaucracy in the health care institutions	45 (19.5%)	45 (19.5%)	42 (18.2%)	98 (42.6%)	230	(100.0%)
85	The lack of an accident prevention programme	64 (28.4%)	59 (26.2%)	49 (21.7%)	53 (23.5%)	225	(100.0%)
79	They need receive feedback from meetings attended by the nurse manager	77 (33.1%)	51 (21.9%)	50 (21.5%)	54 (23.2%)	232	(100.0%)
81	Absence of policy on working hours in the health care institution	87 (37.5%)	47 (20.2%)	47 (20.2%)	51 (21.9%)	232	(100.0%)
80	There is inadequate Information about changes being Implemented in the workplace	79 (34.3%)	52 (22.6%)	50 (21.7%)	50 (21.7%)	230	(100.0%)
84	The lack of a health promotion programme for nursing staff in the workplace	62 (26.8%)	43 (18.6%)	43 (18.6%)	44 (19.0%)	231	(100.0%)

Items 86 and 78 are indicative of a lack of incentives contributing to absenteeism. On item 86, 26(11.2%) and 154(66.6%) (approximately 78%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because of inadequate salary scales for nurses. The findings support the research study of Goldberg and Waldman (2000:674) which revealed that a significant relationship between low salaries and absenteeism of nurses in organisations. On item 78, 37(16.4%) and 125(55.5%) (approximately 72%) respondents indicated that, to a moderate or to a large extent, absence

from work is due to a lack of rewards systems for excellent performance. Furthermore, 52(22.4%) and 93(40.1%) (approximately 62.5%) respondents indicated that nurses are absent from work because there is irregular feedback about work performance (item 77). Lack of incentives such as compensation of nurses for their excellent performance could contribute to absenteeism (Femina 2000:120; Heasell 1999:1381; Mzolo 2001:38).

Items 88, 87 and 81 are manifestations of bureaucracy contributing to absenteeism. On item 88, 42(18.2%) and 98(42.6%) (approximately 61%) respondents indicated that, to a moderate extent or to a large extent, absence from work is due to the existence of bureaucracy in the health care institution. Booyens (1998:190) points out that, in a bureaucratic structure where the top manager makes decisions for the nursing staff, nurses with specialities are not given an opportunity to use their expert knowledge. The resultant sense of frustration could contribute to absenteeism among nurses. Respondents also indicated by 41(17.8%) and 98(42.6%) (approximately 60%) responses that, to a moderate or to a large extent, absence from work is due to a lack of decentralisation of decision making to clinical areas (item 87). According to Witt, Andrews and Kacmar (2000:351), allowing nurses to move towards a state of decision equilibrium increases understanding of events. As shared information is to some extent shared power, information dissemination can lead to nurses experiencing a feeling of control over the workplace. A less important reason for absenteeism is the absence of a policy on working hours in the health care institution (item 81), as 47(20.2%) and 51(21.9%) (approximately 42%) respondents attributed this to absenteeism. According to McHugh (2001:8) lack of awareness in an organisation's absence management policy contributes to absenteeism among nurses.

Items 89, 79 and 80 are indications of lack of information and feedback contributing towards absenteeism. On item 89, 37(16.2%) and 102(44.7%) (approximately 61%) respondents indicated that, to a moderate extent or to a large extent, nurses are absent from work due to staff not being addressed about labour relations issues. On item 79, 47(21.5%) and 54(23.2%) (approximately 45%) respondents indicated that, to a moderate extent or to a large extent, nurses are absent from work because they need to receive feedback from meetings attended by the nurse manager. On item 80, 50(21.7%) and 50(21.7%) (approximately 43%) respondents indicated that, to a moderate extent or to a large extent, nurses are absent from

work because there is inadequate information about changes being implemented in the workplace. Taunton et al. (1995:223) state that a lack of clear channels of communication in an organisation contributes to absenteeism of nurses.

Items 85 and 84 are indicative of a lack of staff support contributing to absenteeism. On item 85, 49(21.7%) and 53(23.5%) (approximately 45%) respondents indicated that, to a moderate or to a large extent, absence from work is due to a lack of an accident prevention programme (item 85). On item 84, 43 (18.6%) and 44(19.0%) (approximately 38%) respondents indicated that, to a moderate extent or to a large extent, absence from work is due to a lack of a health promotion programme for nursing staff in the workplace (item 84). Cooper (1999:543) mentions that health care institutions should provide resources for health promotion to their staff, because most of the illnesses that contribute to absenteeism could be prevented through these programmes.

It is apparent from the above that **inadequate salary scales** appears to be an important reason for absenteeism.

4.7.1.2 *Significant differences in responses on ineffective organisational structure*

Significant differences resulted from the data analysis on item 77, in factor 1.

- ***There is irregular feedback about work performance (item 77)***

Table 4.43 indicates significant differences between the responses of respondents younger than 40 years and respondents who are 40 years and older, on item 77.

Table 4.43 Nurses are absent from work because there is irregular feedback about work performance (n=226 responses)

Item	Age group		Total
	Younger than 40 years	40 years and older	n %
There is irregular feedback about work performance			
To no extent	18 (34.6%)	34 (65.3%)	52 (100.0%)
To a limited extent	17 (50.0%)	17 (50.0%)	34 (100.0%)
To a moderate extent	34 (69.3%)	15(30.6%)	49 (100.0%)
To a large extent	46 (50.5%)	45 (49.4%)	91 (100.0%)
			226 (100.0%)
7 missing items			

$\chi^2 = 12.234; df=3; p<.007$

Of those 49 respondents who indicated that absence from work is, to a moderate extent, due to irregular feedback about work performance, 34(69.3%) were younger than 40 years, and 15(30.6%) were 40 years and older. Absenteeism was attributed to irregular feedback about work performance, to no extent, by 52 respondents, of which 18(34.6%) were younger than 40 years of age, compared to 34(65.3%) who were 40 years and older. It is concluded that nurses who are younger than 40 years are significantly more inclined than older nurses to believe that absence from work is due to irregular feedback about work performance in the workplace. Chaboyer et al. (1999:37) state that a lack of feedback about performance contributes to absenteeism because information on one's performance is necessary to support the nurse's self-esteem.

4.7.2 Inadequate career development (Factor 2)

Factor 2 comprises reasons for absenteeism that are classified under inadequate organisational structure because it indicates a lack of individual growth and development opportunities for nurses in the organisation. Possible reasons associated with inadequate career development include unfair promotion opportunities (item 70), unfair selection of nurses for career progression (item 71) and a lack of promotion opportunities to the next rank (item 76).

4.7.2.1 *Frequency distributions of responses on inadequate career development*

Table 4.44 indicates the frequency distributions of responses on items incorporated into factor 2.

Table 4.44 Responses on inadequate career development

Items on inadequate career development		To no extent	To a limited extent	To a moderate extent	To a large extent	Total n %
70	Unfair promotion opportunities	22 (9.6%)	21 (9.2%)	31 (13.5%)	154 (67.5%)	228 (100.0%)
76	Lack of promotion opportunities to the next rank	30 (12.8%)	19 (8.1%)	34 (14.5%)	150 (64.3%)	233 (100.0%)
71	Unfair selection of nurses for career progression	31 (13.4%)	26 (11.3%)	41 (17.8%)	132 (57.3%)	230 (100.0%)

Items 70, 76 and 71 are indicative of inadequate career development contributing to absenteeism. On item 70, 31(13.5%) and 154(67.5%) (approximately 81%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work because of unfair promotion opportunities. According to 34(14.5%) and 150(64.3%) (approximately 79%) respondents, a lack of promotion opportunities to the next rank (item 76) contributes to absenteeism to a moderate or to a large extent. According to Shader et al. (2001:215) lack of recognition and professional growth opportunities could lead to absenteeism and a high turnover of nurses. On item 71, 41(17.8%) and 132(57.3%) (approximately 75%) respondents indicated that, to a moderate or to a large extent, nurses are absent from work due to unfair selection of nurses for career progression. Remsburg et al. (1999a:14) found that lack of a career ladders in the organisation contributes to absenteeism among nursing staff.

It is apparent from the above that a **lack of promotion opportunities** and **unfair selection of nurses for career progression** appear to be important reasons for absenteeism. There were no significant differences between the responses of the specified groups of respondents.

4.7.3 Inadequate/unfair treatment of staff (Factor 3)

Factor 3 comprises reasons for absenteeism that are classified under inadequate or unfair treatment of staff because it indicates the effect of perceived unfairness in the organisation, on absenteeism. Various reasons for absenteeism are associated with unfair treatment of staff in the workplace. Possible reasons include unfair discipline imposed on some of the nursing staff (item 83) and the absenteeism policy not being applied consistently amongst nurses (item 82). Other reasons are a lack of free health care facilities for nursing staff in the workplace (item 74) and lack of childcare facilities (a crèche) where health care personnel can keep their children during working hours (item 75).

4.7.3.1 *Frequency distributions of responses on inadequate/unfair treatment of staff*

Table 4.45 indicates the frequency distributions of responses on items incorporated into factor 3.

Table 4.45 Responses on inadequate/unfair treatment of staff

Items on inadequate/unfair treatment of staff		To no extent	To a limited extent	To a Moderate extent	To a large extent	Total n %
75	Lack of child care facilities (a crèche) where health care personnel can keep their children during working hours	33 (14.2%)	16 (6.9%)	28 (12.4%)	155 (66.5%)	232 (100.0%)
82	Absenteeism policy not being used consistently among nurses	21 (9.0%)	28 (12.1%)	37 (16.0%)	145 (62.7%)	231 (100.0%)
83	Unfair discipline imposed on some of the nursing staff	25 (10.8%)	34 (14.7%)	38 (16.4%)	135 (58.2%)	232 (100.0%)
74	Lack of free health care facilities for nursing staff in the workplace	61 (26.5%)	45 (19.5%)	29 (12.6%)	95 (41.3%)	230 (100.0%)

Unfair treatment of staff appears to be a likely organisational characteristic contributing to absenteeism of nurses. On item 75, 28 (12.4%) and 155 (65.5%) (approximately 79%) respondents indicated that, to a moderate or to a large extent, absence from work is due to lack of child care facilities (a crèche) where health care personnel can keep their children during working hours. On item 82, 145(62.7%) respondents and 37(16.0%) (approximately 79%) indicated that, to a large extent or to a moderate extent, absence from work is due to the absenteeism policy not being applied consistently in the workplace. Qureshi (2000:174) states that in the same organisation an attendance policy might be interpreted or enforced differently in different units by unit managers. This practice serves to facilitate confusion and absenteeism among nursing staff, rather than enhance adherence to the policy. According to Dunn and Wilkinson (2002:2) all the nursing staff should be aware of the disciplinary procedures to be followed and the application of punishments for breaches of the rules. According to 38 (16.4%) and 135(58.2%) (approximately 76.4%) respondents, nurses are absent, to a moderate or to a large extent, due to unfair discipline imposed on some of the nursing staff (item 83). On (item 74), 29(12.6%) and 95(41.3%) (approximately 54%) respondents indicated that, to a moderate or to a large extent, absence from work is due to a lack of free health care facilities for nursing staff in the workplace.

It is apparent from the above that **lack of child care facilities (a crèche) where health care personnel can keep their children during working hours and the absenteeism policy not being applied consistently in the workplace** appears to be important reasons for absenteeism.

4.7.3.2 Significant differences in responses on inadequate/unfair treatment of staff

Significant differences resulted from the data analysis on items 75 and 83, in factor 3.

- ***Lack of child care facilities (crèche) for health care personnel to keep their children during working hours (item 75)***

Table 4.46 indicates significant differences between the responses of the sub-professional and the professional nurses, on item 75.

Table 4.46 Nurses are absent from work because of a lack of child care facilities (a crèche) where health care personnel can keep their children during working hours (n=230 responses)

Item	Professional category		Total
	Sub-professional nurses	Professional nurses	n %
Lack of child care facilities (a crèche) where health care personnel can keep their children during working hours			
To no extent	26 (78.7%)	7 (21.2%)	33 (100.0%)
To a limited extent	12 (75.0%)	4 (25.0%)	16 (100.0%)
To a moderate extent	19 (67.8%)	9 (32.1%)	28 (100.0%)
To a large extent	69 (51.6%)	74 (48.3%)	153 (100.0%)
Total (n)			230
3 missing values			

$\chi^2 = 11.384; df=3; p<0.010$.

Of those 153 respondents who indicated that, to a large extent, absence from work is due to a lack of child care facilities (a crèche) where health care personnel can keep their children during working hours, 69(51.6%) were sub-professional nurses and 74(48.3%) were professional nurses. Lack of childcare facilities was attributed to absenteeism to a moderate extent by 28 respondents, of which 19(67.8%) were sub-professional compared to 9(32.1%) professional nurses. It is concluded that the sub-professional nurses are more inclined than professional nurses, to attribute absenteeism to a lack of child care facilities (a crèche) where health personnel can keep their children during working hours. Borda and Norman (1997:381) state that lack of childcare facilities (a crèche) contributes to absenteeism among nurses.

- ***Unfair discipline imposed on some of the nursing staff (item 83)***

Table 4.47 indicates significant differences between the responses of respondents younger than 40 years and respondents 40 years and older on item 83.

Table 4.47 Nurses are absent from work because of unfair discipline imposed on some of the nursing staff (n=226 responses)

Item	Age group		Total
	Younger than 40 years	40 years and older	n %
Unfair discipline imposed on some of the nursing staff			
To no extent	10 (40.0%)	15 (60.0%)	25 (100.0%)
To a limited extent	22 (66.6%)	11 (33.3%)	33 (100.0%)
To a moderate extent	25 (67.5%)	12 (32.4%)	37 (100.0%)
To a large extent	59 (45.0%)	72 (54.9%)	131 (100.0%)
Total (n)			226
7 missing values			

$\chi^2=10.372; df=3; p<.016.$

Of those 131 respondents who indicated that, to a large extent, absence from work is due to unfair discipline imposed on some of the nursing staff, 59(45.0%) respondents were younger than 40 years and 72(54.9%) were 40 years and older. Of those 33 respondents who indicated that, to a limited extent, nurses are absent from work because of unfair discipline imposed on some of the nursing staff, 22(66.6%) were younger than 40 years compared to 11(33.3%) respondents who were 40 years and older. It is concluded that nurses who are younger than 40 years are more likely than nurses who are 40 years and older to believe that nurses are absent from work because of unfair discipline imposed on some of the nursing staff. Dunn and Wilkinson (2002:7) state that in some organisations in which staff discipline is not consistently applied across the board, this results in dissatisfaction among the staff and absenteeism.

4.7.4 Lack of resources (Factor 4)

Factor 4 comprises reasons for absenteeism that are classified under lack of resources because it deals with factors related to the equipment and nursing staff that are required to effectively render high quality care. Nurses could resort to absenteeism because of insufficient equipment to provide quality patient care in the workplace (item 73), and a shortage of nursing staff to complete patient care activities (item 72). Lack of resources means that nurses have to make ethical decisions about which patient should receive

treatment first, and this concern results in absenteeism in the workplace (Matrunola 1996:832; Pousette & Hanse 2002:246). Nursing shortages could lead to increased staff turnover and high rates of absenteeism and contribute to a never ending shortage cycle (Healy & McKay 2000:688; O'Brien-Pallas & Baumann 2000:170; Tai et al. 1998:1918).

4.7.4.1 *Frequency distributions of responses on lack of resources*

Table 4.48 indicates the frequency distributions of responses on items incorporated into factor 4.

Table 4.48 Responses on lack of resources

Items on lack of resources		To no extent	To a limited extent	To a moderate extent	To a large extent	Total	
						n	%
72	Shortages of nursing staff to complete patient care activities in the workplace	12 (5.2%)	16 (6.9%)	22 (9.5%)	180 (78.2%)	230	(100.0%)
73	Insufficient equipment to provide quality patient care in the workplace	19 (8.3%)	21 (9.2%)	39 (17.1%)	148 (65.1%)	227	(100.0%)

Lack of resources appears to be a major factor contributing to absenteeism. A shortage of nursing staff to complete patient care activities in the workplace (item 72) was indicated as contributing to absenteeism, to a moderate or to a large extent, by 22(9.5%) and 180(78.2%) (approximately 88%) respondents. Nurses are expected to provide quality patient care irrespective of adequate equipment and other resources. This leads to a sense of frustration and to absenteeism (Redfern et al. 1999:356; Wills 1999:21). On item 73, 39(17.1%) and 146(65.1%) (approximately 82%) respondents indicated that insufficient equipment to provide quality patient care contribute to absenteeism, to a moderate or to a large extent. According to Broadbridge (2002:3) nursing shortages result in an overwhelming workload for nurses, which gives rise to low morale and absenteeism among nurses.

It is apparent from the above that **shortages of nursing staff to complete patient care activities in the workplace** and **insufficient equipment to provide quality patient care** appear to be important reasons for absenteeism.

4.8 CONCLUSION

The data were presented and discussed in this chapter. The factors contributing to absenteeism among nurses with a focus on *characteristics of the nurse*, *characteristics of the nurse manager*, *characteristics of the work* and *characteristics of the organisation* were the key areas to be addressed in this study. The research questions were answered by the statistical analysis. The research results revealed that various reasons for absenteeism exist in the workplace. It was also discovered that registered nurses and sub-professional nurses, as well as nurses younger than 40 and those who are 40 years and older, differed in their opinions on the importance of various reasons. In chapter 5 the research findings will be summarised. The conclusions, recommendations and limitations of the study will be addressed.