

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

This chapter presents a discussion of the conclusions drawn regarding the factors contributing towards absenteeism among nurses, as well as making recommendations for further research. Limitations in the study will be indicated.

Quantitative research was conducted to address the research problem regarding absenteeism among nurses.

The research purpose was:

“To identify and describe the main reasons for absenteeism among the nursing staff in a State Hospital in the Limpopo Province of South Africa, and to describe recommendations for nurse managers to combat the problem of absenteeism”.

5.2 PROFILE OF RESPONDENTS

The profile of the respondents partaking in this research and on which the findings are based can be summarised as follows:

Two hundred and thirty three (n=233) nurses participated in the survey, representing professional (41.6%; n=97) and sub-professional (58.3%; n=136) nurses from one regional hospital in the Limpopo Province in South Africa. Respondents were mainly females (83.2%;n=194), with a mean age of 41 years (Table 4.2). Approximately half the respondents (50.2%;n=117) were married, and another half (49.7%; n=116) were unmarried. Respondents

had an average of 14.1 years of nursing experience, working in various speciality fields in the work setting.

5.3 SUMMARY OF RESEARCH FINDINGS

The **items, on which 75% respondents agreed, to a moderate or to a large extent**, were regarded, for the purposes of this study, as indicative of important reasons for absenteeism. Management of absenteeism can only be successful if these issues are specifically addressed in an absenteeism management strategy.

The factors related to absenteeism which nurse managers should take cognizance of are those items which indicated **significant differences between the responses of the two specified groups of respondents**. If such differences exist they could hamper effective management of absenteeism.

The conclusions will therefore focus on these factors that contribute towards absenteeism among nurses, and will be discussed within the context of the profile as described in 5.2.

5.3.1 Characteristics of the nurse that contribute to absenteeism among nurses

The factors related to the characteristics of the nurse that may contribute towards absenteeism among nurses, and which were investigated, were:

The lack of work commitment: wanting to do what colleagues do in the workplace (item 17), to prolong their weekends (item 12), lack of motivation to go to work (item 13) and a lack of close friends at work, with whom to share personal problems (item 18).

Stress-related factors include suffering from minor physical ailments (item 1), having to look after family members (item 7), having to attend funerals of relatives (item 8), experiencing financial problems (item 6) and suffering from stress-related illnesses (item 3).

External factors influencing absenteeism include experiencing transport problems (item 11), attending to additional jobs for financial gain (item 15), having to attend to union

meetings elsewhere (item 16), being disturbed by bad weather (item 14) and having to attend the funerals of friends (item 9).

Conflict situations include having problems regarding the abuse of alcohol or drugs (item 4), experiencing domestic conflict (item 10), suffering from chronic medical conditions (item 2) and suffering from work-related injuries (item 5).

- ***The lack of work commitment***

None of the items related to the lack of work commitment revealed important reasons for absenteeism.

Various factors should be taken cognizance of because there were significant differences between the responses of the sub-professional and the professional nurses. Within the factor *the lack of work commitment* significant differences were obtained on the following items that stated that nurses are absent from work because they:

- *want to do what colleagues do in the workplace (item 17 in table 4.10); want to prolong their weekends (item 12 in table 4.11); lack motivation to go to work (item 13 in table 4.12).*

The results of this study indicated that there are differences of opinion on the extent to which a lack of work commitment contributes towards absenteeism. The sub-professional nurses were significantly less inclined than the professional nurses to attribute absenteeism to the reasons of following the example of colleagues who engage in such behaviour, an intention to prolong weekends and a lack of motivation to go to work. Vahtera et al. (2001:812) found that both categories of nurses have the tendency to prolong their weekends, and their absence rates are the same.

- ***Stress related factors***

Suffering from stress-related illnesses (item 3) appears to be an important reason for absenteeism in the workplace. Wing (1999:24) cited a study of the Confederation of British

Industry, which revealed that 98% of the absences of all nurses due to illnesses are not false pretences; they are actually ill.

Various factors should be taken cognizance of because there were significant differences between the responses of the sub-professional and the professional nurses. Within the factor *stress-related factors* significant differences were obtained on the following items that stated that nurses are absent from work because they:

- *suffer from minor physical ailments (item 1 in table 4.14); suffer from stress-related illnesses (item 3 in table 4.15); have to attend funerals of relatives (item 8 in table 4.16).*

The results of this study indicated that there are differences of opinion on the extent to which stress-related factors contribute towards absenteeism. The sub-professional nurses were significantly less inclined than the professional nurses to attribute absenteeism to suffering from minor physical ailments and stress-related illnesses, and attending the funerals of relatives. Cooper (1999:541) states that stress-related absences affect the junior nurses, because they often experience distance and isolation from the nurse manager. It is therefore surprising that, in this study, sub-professional nurses were less inclined to cite stress-related illnesses as a reason for absenteeism than professional nurses were. Erickson et al. (2000:246) mention that family demands contribute to absenteeism in the workplace. In this study, the professional nurses appeared to be more in agreement with this view than the sub-professional nurses.

- ***External factors influencing absenteeism***

None of the items related to external factors influencing absenteeism revealed important reasons for absenteeism.

Various factors should be taken cognizance of because there were significant differences between the responses of the sub-professional and the professional nurses. Within the factor *external factors influencing absenteeism* significant differences were obtained on the following item which stated that nurses are absent from work because they:

- *have to attend funerals of friends (item 9 in table 4.18).*

The results of this study indicated that there are differences of opinion on the extent to which external factors contribute towards absenteeism. The sub-professional nurses were significantly less inclined than the professional nurses to attribute absenteeism to having to attend funerals of friends.

- ***Conflict situations***

None of the items related to conflict situations revealed important reasons for absenteeism.

Various factors should be taken cognizance of because there were significant differences between the responses of the professional and the sub-professional nurses. Within the factor *conflict situations* significant differences were obtained on the following item which stated that nurses are absent from work because they:

- *have problems regarding the abuse of alcohol or drugs (item 4 in table 4.20); experience domestic conflict ((item 10 in table 4.21); suffer from work-related injuries (item 5 in table 4.22).*

The results of this study indicated that there are differences of opinion on the extent to which conflict situations contribute towards absenteeism. The sub-professional nurses were significantly more inclined than the professional nurses to attribute absenteeism to problems regarding the abuse of alcohol or drugs, domestic conflict and suffering from work-related injuries. McFarlin and Fals-Stewart (2002:17) found a significant relationship between alcohol use and workplace absence.

- ***Summary***

The main reason for absenteeism associated with the characteristics of the nurse is suffering from stress-related illnesses.

The sub-professional nurses are significantly less inclined than professional nurses to attribute absenteeism to a lack of work commitment. Their responses indicated that absenteeism might be due to following the example of colleagues who engage in such behaviour, a lack of motivation to go to work and the intention to prolong their weekends.

The sub-professional nurses are significantly less inclined than professional nurses to attribute absenteeism to stress-related factors such as suffering from minor physical ailments and stress-related illnesses.

The sub-professional nurses are significantly less inclined than professional nurses to attribute absenteeism to external conditions such as attending the funerals of relatives and friends.

The sub-professional nurses are significantly more inclined than professional nurses to attribute absenteeism to conflict situations such as problems regarding the abuse of alcohol and drugs, domestic conflict and work-related injuries.

5.3.2 Characteristics of the nurse manager that contribute to absenteeism among nurses.

The factors related to the characteristics of the nurse manager that may contribute towards absenteeism among nurses, and which were investigated, were:

Negative communication between the nurse manager and nurses: the nurse manager always makes negative comments about nurses' performance (item 28), the nurse manager lacks trust in her nurses (item 39), the nurse manager shows favouritism to some nurses in the unit (item 38), negative feedback about work performance (item 40), nurses come into conflict with the nurse manager (item 27), nurses are always criticised harshly for making mistakes while performing patient care activities (item 26), nurses are victimised by the nurse manager (item 41), conflicts among nurses are not resolved (item 30), there is a lack of individual support (item 35) and the laissez-faire management style of the nurse manager leads to junior nurses controlling unit activities (item 29).

Autocratic leadership style: the nurse manager uses one-way communication (item 21), the nurse manager makes decisions alone in the workplace (item 24), the nurse manager shouts at nurses who do not conform with his/her standards and expectations in the workplace (item 22), nurses do not like the autocratic style of the nurse manager in the workplace (item 20), nurses' problems are not satisfactorily solved (item 23) and the nurse manager exercises power with coercion in the daily management of nursing staff (item 25).

Need for a supportive environment: nurses need sufficient encouragement by the nurse manager (item 34), they experience inadequate support from the nurse manager when performing patient care (item 32), they need the nurse manager to create a friendly atmosphere in the workplace (item 33), they need to be complimented on good work done (item 31), there is inadequate counselling of nurses by the nurse manager (item 37) and they have the need for two-way communication between the nurse manager and nurses (item 36).

- ***Negative communication between the nurse manager and nurses***

None of the items related to *negative communication between the nurse manager and nurses* revealed important reasons for absenteeism and there were no significant differences between the responses of the specified groups of respondents. It is therefore concluded that negative communication between the nurse manager and nurses is inconsequential with regard to absenteeism.

- ***Autocratic leadership style***

An inability of the nurse manager to solve nurses' problems satisfactorily (item 23) appears to be an important reason for absenteeism in the workplace. Forster (1995:81) emphasises that an autocratic leadership style contributes to absenteeism of nurses in the workplace. Engelbrecht (2000:2) mentions that a failure to address staff problems quickly could lead to absenteeism.

Various factors should be taken cognizance of because there were significant differences between the responses of the professional and the sub-professional nurses. Within the factor *autocratic leadership style* significant differences were obtained on the following items which stated that nurses are absent from work because:

- *the nurse manager exercises power with coercion (item 25 in table 4.26); the nurse manager shouts at nurses who do not conform to his/her standards or expectations (item 22 in table 4.27).*

The results of this study indicated that there are differences of opinion on the extent to which the autocratic leadership style of the nurse manager contributes towards absenteeism. The sub-professional nurses were significantly more inclined than professional nurses to indicate that nurses are absent from work because the nurse manager exercises power with coercion in the daily management of nursing staff.

Nurses younger than 40 years of age are significantly more inclined than nurses who are 40 years and older to indicate that nurses are absent from work because the nurse manager shouts at nurses who do not conform to his/her standards and expectations. McNeese-Smith (1997:53) identified that the nurse manager who shouts at nurses in a busy working unit could prevent nurses from focusing on one patient care activity at a time. As a result nurses become frustrated and decide to avoid the situation by being absent from work.

- ***Need for a supportive environment***

None of the items related to a *need for a supportive environment* revealed important reasons for absenteeism.

One factor should be taken cognizance of because there were significant differences between the responses of the professional and the sub-professional nurses. Within the factor *need for a supportive environment* significant differences were obtained on the following item which stated that nurses are absent from work because they:

- *have a need for two-way communication between the nurse manager and nurses (item 36 in table 4.29).*

The results of this study indicated that there are differences of opinion on the extent to which a need for a supportive environment contributes towards absenteeism. Nurses younger than 40 years of age are significantly more inclined than nurses who are 40 years and older to indicate that nurses are absent from work because they need two-way communication between the nurse manager and themselves. Lobban et al. (1998:348) mention that inadequate interpersonal relations between the nurse manager and nurses may hamper harmonious team work, and this contributes to absenteeism.

- ***Summary***

The main reason for absenteeism associated with the characteristics of the manager is an inability of the nurse manager to solve nurses' problems satisfactorily.

Sub-professional nurses are significantly more inclined than professional nurses to attribute absenteeism to the autocratic leadership style of the nurse manager, as reflected in exercising power with coercion.

Nurses younger than 40 years are significantly more inclined than nurses who are 40 years and older to attribute absenteeism to the need for a supportive environment, and specifically a need for two-way communication between the nurse manager and nurses. They are also more inclined to attribute absenteeism to the shouting behaviour of the manager.

5.3.3 Characteristics of the work that contribute to absenteeism among nurses

The factors related to characteristics of the work that may contribute towards absenteeism among nurses, and which were investigated, were:

Inadequate group cohesion: the lack of social relations with peers in the workplace (item 47), there is insufficient group cohesion with peers (45), the lack of a culture of work attendance among peers (item 50), the lack of a work ethic among nurses in the unit (item 48), tolerance for absenteeism in the case of some nurses in the unit (item 49), lack of

personal relations within the workgroup (item 67) and having to learn new skills every day, in which they are not interested (item 46).

Delegation of autonomy: they have to do a number of things in the workplace (item 51), they have to do a job that requires more skills than those which they have (item 61), they have to work in a threatening environment (item 58), they feel anxiety about having to make too many decisions (item 52) and have to work overtime in order to complete patient care activities (item 65).

Role ambiguity: nurses have to work fluctuating shifts in the workplace (item 59), have to work on night shifts, which they do not like (item 66), have to perform duties without a job description (item 54), experience a lack of clear roles in the unit (item 55), have a need for regular meetings between the nurse manager and nurses (item 53), experience insufficient orientation about the job (item 56) and insufficient opportunities to work independently (item 60).

Ineffective routinisation: their skills are under-utilised (item 44), they are tired of unit routine (item 43).

Effect of workload in the workplace: working hours being too long (item 63), nurses' workload is alarming (item 62).

- ***Inadequate group cohesion***

None of the items related to *inadequate group cohesion* revealed important reasons for absenteeism.

Various factors should be taken cognizance of because there were significant differences between the responses of the sub-professional and the professional nurses. Within the factor *inadequate group cohesion* significant differences were obtained on the following items which stated that nurses are absent from work because of:

- *tolerance for absenteeism in the case of some nurses in the unit (item 49 in table 4.32); the lack of a culture of work attendance among peers (item 50 in table 4.33).*

The results of this study indicated that there are differences of opinion on the extent to which ineffective group cohesion contributes towards absenteeism. The sub-professional nurses were less inclined than professional nurses to indicate that nurses are absent from work because of tolerance for absenteeism in the unit, and because of the lack of a culture of work attendance among peers. Erickson et al. (2000:265) state that absenteeism is higher in some work units that reflect tolerance for excessive absenteeism in the workplace, and lower in a workgroup where absenteeism is frowned upon. In this study, the sub-professional nurses were more in agreement with this statement than the professional nurses.

- ***Delegation of autonomy***

None of the items related to *delegation of work autonomy* revealed important reasons for absenteeism.

One factor should be taken cognizance of because there were significant differences between the responses of the professional and the sub-professional nurses. Within the factor *delegation of autonomy* significant differences were obtained on the following items which stated that nurses are absent from work because:

- *they have to do a job that requires more skills than those which they have (item 61 in table 35).*

The results of this study indicated that there are differences of opinion on the extent to which skills requirements contribute towards absenteeism. The sub-professional nurses were more inclined than the professional nurses to indicate that nurses are absent from work because they have to do a job that requires more skill than those which they have. Allgood et al. (2000:757) mention that autonomy contributes more to absenteeism among nurses with lower educational qualifications than those with higher qualifications. The findings indicated that the sub-professional nurses are more in agreement with this statement than the professional nurses.

- ***Role ambiguity***

None of the items related to *role ambiguity* revealed important reasons for absenteeism.

Various factors should be taken cognizance of because there were significant differences between the responses of the professional and the sub-professional nurses. Within the factor *role ambiguity* significant differences were obtained on the following items that stated that nurses are absent from work because:

- *they have to work fluctuating shifts in the workplace (item 59 in table 4.37); they have to perform duties without a job description (item 54 in table 4.38).*

The results of this study indicated that there are differences of opinion on the extent to which role ambiguity contributes towards absenteeism. Nurses younger than 40 years are significantly more inclined than nurses who are 40 years and older, to indicate that absenteeism is due to having to work fluctuating shifts and to perform duties without a job description. Van der Walt (1999:50) states that shift work contributes to absenteeism. Collins et al. (2000:10) revealed that working without job descriptions results in dissatisfaction and contributes to absenteeism, due to a lack of clarity regarding job responsibilities. McNeese-Smith (1997:53) mentions that commitment depends on the nurse's role clarity in the workplace. Nurses who experience role conflict in their workplace demonstrate inadequate work commitment and have high rates of absenteeism. The findings indicated that younger nurses are more in agreement with these views than nurses who are 40 years and older.

- ***Ineffective routinisation***

None of the items related to *ineffective routinisation* revealed important reasons for absenteeism and there were no significant differences between the responses of the specified groups of respondents. It is therefore concluded that ineffective routinisation is inconsequential with regard to absenteeism.

- ***Effect of workload in the workplace***

Having to work long hours (item 63) and an alarming workload (item 52) appear to be important reasons for absenteeism in the workplace. The findings support Buchan and O'May's (1998:61) views that shortages of nurses lead to a situation in which patient care is provided by few nurses, resulting in exhaustion and absenteeism. Working hours such as twelve-hour shifts can lead to fatigue, due to extended exposure to physical demands combined with insufficient recovery time (Trinkoff et al. 2001:361). However, Pousette and Hanse (2002:246) found no significant relationship between absenteeism among nurses and workload.

Within the factor *effect of workload in the workplace* there were no significant differences between the responses of the specified groups of respondents.

- ***Summary***

The main reasons for absenteeism associated with the characteristics of the work are long working hours and an alarming workload. This is an indication of work pressure contributing to absenteeism.

Sub-professional nurses are significantly less inclined than professional nurses to attribute absenteeism to the lack of a culture of work attendance. Sub-professional nurses are significantly more inclined than professional nurses to attribute absenteeism to selective tolerance for absenteeism by the nurse manager. Sub-professional nurses are significantly more inclined than professional nurses to attribute absenteeism to a skills deficit.

Nurses younger than 40 years are significantly more inclined than nurses who are 40 years and older to attribute absenteeism to fluctuating shift work and working without job descriptions.

5.3.4 Characteristics of the organisation that contribute to absenteeism among nurses

The factors related to the characteristics of the organisation that may contribute towards absenteeism among nurses, and which were investigated, were:

Ineffective organisational structure: there is inadequate information about changes being implemented in the workplace (item 80), the lack of a health promotion programme, for nursing staff in the workplace (item 84), the lack of an accident prevention programme (item 85), nurses need to receive feedback from meetings attended by the nurse manager (79), staff not being addressed about labour relations issues (item 89), the lack of reward systems for excellent performance (item 78), there is irregular feedback about work performance (item 77), the lack of decentralisation of decision making to clinical areas (item 87), existence of bureaucracy in the health care institutions (item 88), inadequate salary scales for nurses (item 86), absence of policy on working hours in the health care institution (item 81).

Inadequate career development: unfair promotion opportunities (item 70), unfair selection of nurses for career progression (item 71), the lack of promotion opportunities to the next rank (item 76).

Inadequate/unfair treatment of staff: unfair discipline imposed on some of the nursing staff (item 83), the absenteeism policy not being applied consistently among nurses (item 82), lack of free health care facilities for nursing staff in the workplace (item 74), lack of child care facilities (a crèche) where health care personnel can keep their children during working hours (item 75).

Lack of resources: insufficient equipment to provide patient care (item 73) and a shortage of nursing staff to complete patient care activities in the workplace (item 72).

- ***Ineffective organisational structure***

Inadequate remuneration as reflected in inadequate salary scales (item 86) appears to be an important reason for absenteeism in the workplace. This finding appears to be congruent with Buchan's (1995:468) view that nurses are attracted to the nursing profession because of the opportunities to care for the patients, but low salaries frustrate them, leading to staff turnover and absenteeism in the workplace. Wills (1998:29) mention that a nurse could be skilled in different nursing activities, but this is not matched by genuine rewards. This situation is demoralising, and contributes to absenteeism of nurses.

Within the factor *ineffective organisational structure* significant differences were obtained on the following items which stated that nurses are absent from work because:

- *there is irregular feedback about work performance (item 77 in table 4.43).*

The results of this study indicated that there are differences of opinion on the extent to which an ineffective organisational structure contributes towards absenteeism. Nurses younger than 40 years were significantly more inclined than nurses who are 40 years and older, to attribute absenteeism to irregular feedback about work performance. Booyens (1998:270) states that nurse managers are reluctant to give regular feedback to their subordinates because they have a fear that positive feedback might lead to nurses asking for promotions. This ultimately demoralises nurses who perform excellently and could result in their absence from work. This study revealed that the younger nurses are more in agreement with this view than nurses who are 40 years and older.

- ***Inadequate career development***

A lack of promotion opportunities to the next rank (item 76) and unfair selection of nurses for career progression (item 71) appear to be important reasons for absenteeism. These findings are supported by the research by Taunton et al. (1995:223), which revealed that absenteeism is lower in an organisation where promotion opportunities for nurses are fair, and higher where there are unfair promotions. Prelip (2001:29) and Bennett (2002:7) state that lack of

appropriate recognition such as a promotion opportunity and career progression could lead to dissatisfaction and absenteeism in the workplace.

Within the factor *inadequate career development* there were no significant differences between the responses of the specified groups of respondents.

- ***Inadequate/unfair treatment of staff***

The absenteeism policy not being applied consistently in the workplace (item 82) appears to be an important reason for absenteeism in the workplace. This finding is in accordance with the findings by McHugh (2001:6) which revealed that absenteeism is due to a lack of emphasis being placed upon the absence policy by nurse managers in the organisation. This includes inadequate communication of policy provisions so that nurses can observe its importance. However, Mesirow et al. (1998:60) discovered that nurses with attendance problems do not improve their attendance even after full implementation of the attendance policy.

Within the factor *inadequate/unfair treatment of staff* significant differences were obtained on the following items that stated that 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 (item 77 in table 4.46); unfair discipline imposed on some of the nursing staff (item 77 in table 4.47).*

The results of this study indicated that there are differences of opinion on the extent to which inadequate/unfair treatment of staff contributes towards absenteeism. Sub-professional nurses are significantly more inclined than professional nurses, to attribute absenteeism to a lack of childcare facilities (a crèche) where health care personnel can keep their children during working hours. Erickson et al. (2000:266) stated that nurses who have children under six years of age report a higher rate of absenteeism because they have problems with child care arrangements, as opposed to those with older children.

The results of this study indicated that there are differences of opinion on the extent to which unfair labour practices contribute towards absenteeism. Nurses younger than 40 years are significantly more inclined than nurses who are 40 years and older to attribute absenteeism to unfair discipline imposed on some of the nursing staff (item 83 in table 4.46). The findings could indicate that unit managers display some inconsistency in applying discipline amongst their younger nursing staff.

- ***Lack of resources***

Shortages of nursing staff to complete patient care (item 72) and insufficient equipment to complete quality patient care (item 73) appear to be important reasons for absenteeism in the workplace. Rowland and Rowland (1997:524) mention that absenteeism is lower when there is a critical shortage in the workplace, but that as soon as there are adequate nurses in the units, those nurses who were on duty during the acute shortage will start to have a high rate of absenteeism. Nurses feel that their absenteeism is justified because it represents a return to the previous equilibrium. Collins et al. (2000:11) mention that a lack of adequate equipment hinders nurses from effective performance in their roles and contributes to absenteeism. The findings indicated that nurses could become frustrated by lack of equipment to provide patient care and may decide to be absent from work to avoid the situation.

- ***Summary***

The main reasons for absenteeism associated with the characteristics of the organisation are inadequate salary scales, a lack of promotion opportunities to the next rank and unfair selection of nurses for career progression. Shortages of nursing staff, equipment and other resources also emerged as important reasons. Another important reason is the absenteeism policy not being applied consistently in the workplace. This is an indication of insufficient and unfair reward systems, and inconsistent management practices contributing to absenteeism.

Nurses younger than 40 years are significantly more inclined than nurses who are 40 years and older to attribute absenteeism to irregular feedback on work performance.

The sub-professional nurses are significantly more inclined than professional nurses to attribute absenteeism to the lack of child care facilities (a crèche) where health care personnel can keep their children during working hours. Nurses younger than 40 years are significantly more inclined than nurses who are 40 years and older to attribute absenteeism to unfair discipline imposed on some of the nursing staff.

5.3.5 Summary of the research findings

The main reason for absenteeism associated with the characteristics of the nurse is:

- suffering from stress related illnesses.

The main reason for absenteeism associated with the characteristics of the manager is:

- an inability of the nurse manager to solve nurses' problems satisfactorily.

The main reasons for absenteeism associated with the characteristics of the work are:

- long working hours
- an alarming workload.

The main reasons for absenteeism associated with the characteristics of the organisation are:

- inadequate salary scales
- a lack of promotion opportunities to the next rank
- unfair selection of nurses for career progression
- shortages of staff, equipment and other resources
- the absenteeism policy not being applied consistently in the workplace.

The sub-professional nurses are significantly less inclined than the professional nurses to attribute absenteeism to:

- a lack of work commitment, as manifested by following the example of colleagues who engage in absentee behaviour, a lack of motivation to go to work and the intention of prolonging their weekends

- stress-related factors, as manifested by suffering from minor physical ailments, stress-related illnesses and attending funerals of relatives
- external factors, as manifested by attending the funerals of friends
- inadequate group cohesion, as manifested by selective tolerance for absenteeism by the nurse manager and a lack of a culture of work attendance among nurses.

The sub-professional nurses are significantly more inclined than the professional nurses to attribute absenteeism to:

- conflict situations, as manifested by problems regarding the abuse of alcohol or drugs, domestic conflict and work-related injuries
- the autocratic leadership style of the nurse manager, as manifested by exercising power with coercion
- a skills deficit, as manifested by having to do a job that requires more skills than those which they have
- inadequate/unfair treatment of staff, as manifested by a lack of child care facilities (a crèche) where health care personnel can keep their children during working.

Nurses younger than 40 years are significantly more inclined than nurses who are 40 years and older to attribute absenteeism to:

- the need for a supportive environment, as manifested by a need for two-way communication between the nurse manager and nurses
- a lack of a supporting environment, as manifested by the shouting behaviour of the manager
- role ambiguity, as manifested by having to work fluctuating shifts and working without job descriptions
- lack of incentives, as manifested by irregular feedback on work performance
- inadequate/unfair treatment of staff, as manifested by unfair discipline imposed on some of the nursing staff.

5.4 Conclusions

It is therefore concluded that absenteeism is likely to be the result of:

- work pressure, as manifested by long working hours and an alarming workload amidst shortages of staff, equipment and other resources, and an inability of the nurse manager to solve nurses' problems satisfactorily
- stress-related illnesses
- an inadequate reward system, as manifested by low remuneration, few promotion opportunities and unfair promotion practices
- dissatisfaction caused by inconsistent application of the absenteeism policy.

It is also concluded that the management of absenteeism in the workplace is being hampered by differences in opinion between sub-professional and professional nurses on the extent to which the following factors contribute to absenteeism:

- a lack of work commitment, as manifested by following the example of colleagues who engage in such behaviour, a lack of motivation to go to work and the intention of prolonging their weekends
- stress-related factors, as manifested by suffering from minor physical ailments and stress-related illnesses
- external factors, as manifested by attending the funerals of relatives and friends
- conflict situations, as manifested by problems regarding the abuse of alcohol and drugs, domestic conflict and work-related injuries
- ineffective absenteeism management, as manifested by selective tolerance for absenteeism by the nurse manager and the lack of a culture of work attendance among nurses
- the autocratic leadership style of the nurse manager, as manifested by exercising power with coercion
- skills deficit, as manifested by having to do a job that requires more skills than those which they have.

It is furthermore concluded that the management of absenteeism in the workplace is being hampered by differences in opinion between nurses younger than 40 years and nurses who

are 40 years and older, on the extent to which the following factors contribute to absenteeism:

- the need for a supportive environment, as manifested by a need for two-way communication between the nurse manager and nurses
- the lack of a supporting environment, as manifested by the shouting behaviour of the manager
- role ambiguity, as manifested by having to work fluctuating shifts and working without job descriptions
- lack of incentives, as manifested by irregular feedback on work performance.

5.5 RECOMMENDATIONS ARISING FROM THE RESEARCH

5.5.1 Recommendations on the general management of absenteeism

The recommendations below are aimed at contributing to reducing absenteeism in the workplace. They should be implemented and evaluated after a period of time, in order to determine whether absenteeism has in fact been reduced.

It is necessary that the organisation should develop strategies to combat absenteeism in the workplace. The characteristics of nurses, the nurse manager, the work and the organisation should be taken into account in developing an absenteeism management strategy.

It is recommended that the organisation should:

- establish training programmes for nurses and nurse managers about the different types of leave which they are entitled to, and the procedures to be followed regarding authorised leave and unplanned circumstances which warrant absence from work. This should include workshops concerning labour relations issues and the Public Service Act (Engelbrecht 2000:2).
- develop and disseminate policies, norms and standards that govern good attendance behaviour.
- develop an in-service training programme on ethical-professional behaviour in practice. Such a programme should include the application to absenteeism of the

principles of autonomy, the Batho Pele principles, the professional code of conduct, the scope of practice and the ethical-legal-professional framework within which a nurse practises.

- disseminate the disciplinary procedures, applied to absenteeism, to staff members (Engelbrecht 2000:2)
- develop a motivation strategy, such as giving attendance bonuses to nurses who report to work regularly, in order to encourage habitual absentees to come to work (Time 2003:42).
- establish staff support programmes aimed at providing moral support in order to prevent absenteeism. As part of such a programme, nurse managers should frequently interact with nurses on day and night shifts, to identify nurses whose morale is low, and provide support and counselling to such individuals.

It is recommended that nurse managers should:

- monitor absenteeism in the units on an ongoing basis, and maintain accurate absence statistics that reflect absenteeism patterns.
- communicate to nurses that their attendance is monitored by giving them frequent feedback on their absenteeism profile. The feedback could be presented in the form of graphs, which are displayed on the notice board. Absence feedback could also be given in the form of letters to absentees, which indicate the number of absence spells during a certain period in a year, as compared with the attendance patterns in the nurses' workgroup during the same period (Gaudine & Saks 2001:20; Good 2003:3).
- develop the practice of giving intangible rewards, such as posting names of nurses with good attendance on the bulletin board and giving credit to nurses who are showing some improvements regarding their attendance.
- follow the relevant disciplinary steps and procedures before referring a nurse, who demonstrates unacceptable absenteeism behaviour, to a disciplinary hearing (Engelbrecht 2000:2).

5.5.2 Recommendations on eliminating the main reasons for absenteeism

It is necessary to alleviate the work pressure that nurses experience by reducing the workload and shift demands that contribute to absenteeism, and ensuring that they have access to equipment and other resources necessary to function efficiently.

It is recommended that the organisation should:

- recruit and hire adequate nurses. Such recruitment can be done by offering career exhibitions at schools, and developing and implementing a sound marketing strategy.

It is recommended that the nurse manager should:

- establish a shift system that supports manageable working hours in terms of length and practicality, considering the needs of the units and the circumstances of the nurse. An option would be to introduce flexi-time systems that would allow nurses to choose their starting time and their quitting times, but within the constraints of specified core hours and the required number of hours per week to be worked (Baguma 2001:196). These systems are suitable to allow nurses time off to attend to their family and personal needs. Another option would be to introduce flexible shift allocation practices by allowing full time nurses to temporarily switch to part time status or an alternative shift, whichever suits their circumstances (Kay 1999:50). Alternatively nurses could be allowed to proactively pursue negotiations among each other, or even exchange their work schedules, in order to meet their needs (Qureshi 2000:175).
- advise nurses to alternate their long annual leave with frequent short vacations when they feel tired and need rest. At least ten days' leave could be sufficient to alleviate stress (Westman & Etzion 2001:604).

It is necessary to alleviate the stress that nurses experience in order to minimise absenteeism due to stress-related illnesses. It is recommended that the organisation should:

- develop and implement an Employee Assistance Programme whereby nurses who are identified as suffering from alcohol or drug abuse, and those who are exhibiting personal and social problems are provided with counselling services. The nurse undergoing such a programme should be offered support by the organisation

regarding arrangements concerning his/her leave to attend the assistance programme, to ensure the maximum benefit of positive results (Goldberg & Waldman 2000:674; Macdonald, Wells, Lothian & Shain 2000:45).

It is recommended that nurse managers should:

- establish a supportive working environment characterised by open and frequent communication, and an open door policy that allows nurses to approach him/her at any time to raise their concerns without fear.
- establish a working climate that fosters the acknowledgement of the ideas of many individuals, and thus encourages his or her staff to ask questions and suggest solutions to problems in good time (Kangas, Kee & Mc-Waddle 1999:40).
- establish a stress management programme, which could include a vocationally oriented medical rehabilitation programme. Such a programme could incorporate advice and training on different forms of exercises, a balanced lifestyle, balanced nutrition and interpersonal relations in the workplace. Different experts such as a physiotherapist, nutritionist, psychologist, social workers and pharmacists could be requested to offer such courses to nursing staff (Arokoski, Juntunen & Luikku 2002:123).

It is recommended that the organisation should

- conscientiously seek evidence of good work performance in nurses and offer praise on a daily basis. Another option could be to establish some form of tangible reward plan to acknowledge nurses who display excellent performance, and this could be in the form of a certificate or a trophy aiming to motivate staff attendance.
- establish and implement a training policy, for the development of staff, and communicate the policy to all the nurses in the organisation.
- establish diverse career options, which will enable nurses to utilise opportunities for lateral career moves which would entail recognition and promotion to the next rank (Benton & Ramprogus 1996:34).

5.5.3 Recommendations on further exploring the reasons for absenteeism

In the interest of effective management of absenteeism, it is recommended that further research is done to determine why sub-professional and professional nurses differ in their opinion on the extent to which the following factors contribute to absenteeism:

- following the example of colleagues who engage in such behaviour
- a lack of motivation to go to work
- the intention of prolonging their weekends
- suffering from minor physical ailments
- suffering from stress-related illnesses
- attending the funerals of relatives and friends
- problems regarding the abuse of alcohol and drugs
- domestic conflict
- work-related injuries
- selective tolerance for absenteeism by the nurse manager
- a lack of a culture of work attendance among nurses
- exercising power with coercion
- having to do a job that requires more skills than those which they have.

In the interest of effective management of absenteeism, it is recommended that further research is done to determine why nurses younger than 40 and nurses who are 40 years and older differ in their opinion on the extent to which the following factors contribute to absenteeism:

- a need for two-way communication between the nurse manager and nurses
- shouting behaviour of the manager
- having to work fluctuating shifts
- working without job descriptions
- irregular feedback on work performance.

5.6 CONTRIBUTIONS OF THE STUDY

The study has highlighted which factors contribute to absenteeism, as perceived by respondents. Instances where there are differences of opinion on the extent to which some factors contribute to absenteeism were also identified. The recommendations are aimed at assisting organisations and managers in reducing absenteeism in the workplace, and by doing so, improving the quality of care.

5.7 LIMITATIONS OF THE STUDY

Smaller samples tend to reduce the likelihood that the sample is representative of the population under study (Polit & Hungler 1995:240). The research was conducted in one regional hospital in the Limpopo Province. The findings can therefore only be applied to the specified hospital in this Province. The researcher experienced problems in collecting the completed questionnaires. She had to send out reminders for about three weeks.

5.8 CONCLUSION

This non-experimental, descriptive study sought to describe the opinions of nurses on the factors that contribute to absenteeism in the workplace. The study included 97 professional nurses and 136 sub-professional nurses who agreed to participate in the study. A self-administered questionnaire was used to collect data. Data was analysed by using descriptive statistics. The study findings provided answers to the questions related to factors contributing to absenteeism among nurses.

The findings of this study revealed the main reasons for absenteeism, namely factors associated with work pressure, stress, an inadequate reward system and inconsistent application of the absenteeism policy. Factors on which there were differences of opinion between specified groups of respondents were also identified. The recommendations could contribute to effective management of absenteeism and eventual reduction in absenteeism rates.