

Exploration of factors contributing to absenteeism of Professional Nurses in Ngwelezana Hospital

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Abstract

Recent reports revealed that Professional Nurses absenteeism have a negative impact on the quality of care provided (Booyens, 1993:345). The aim of the study was to explore factors contributing to absenteeism of Professional Nurses in Ngwelezana Hospital. A descriptive survey using records review and interviews of Professional Nurses at Ngwelezana Hospital employed. The appropriate sampling was convenience sampling.

The results revealed that in Ngwelezana Hospital there was an increased incidence of absenteeism amongst Professional Nurses. The results further revealed that the current policy on sick leave was problematic. The study highlighted special considerations by health service management on managing quality patient care.

Keywords: absenteeism, Professional Nurses,

Introduction

The Department of Health has a responsibility to provide quality health services to the community. Government introduced a service delivery mechanism which is enshrined in the White Paper on the Transformation of the Public Service in 1997, through the Batho Pele principles. Therefore, public health institutions are expected by the public to honour the Batho Pele principles in the delivery of services. The aforementioned repetitive feedback on health services would be minimal. Absenteeism remains the main challenge for the public hospital management ensuring the realization of the Batho Pele principles among others.

Non-work attendance is formed, in part, by sanctioned leave such as annual leave, long service leave and non-illness related leave, such as maternity or parental leave. A more generalised definition of absenteeism (unplanned absence) includes non-attendance at work where work attendance is scheduled. This includes sickness absence leave; various special leaves, such as bereavement leave; and may also include time lost through industrial disputes in accordance with the organisational policy which is sanctioned by legislation such as the Basic Conditions of Employment Act 75 of 1997. Sick leave, though legitimately sanctioned, has however been open to some abuse.

The focus of this study was on the factors that contribute to unplanned or intentional absenteeism. Absenteeism is an employee's intentional or habitual absence from work. While employers expect workers to miss a certain number of workdays each year, excessive absences can equate to decreased productivity and can have a major effect on company finances and morale.

The aim of the study was to explore factors contributing to absenteeism of Professional Nurses in Ngwelezana Hospital. A descriptive survey using records review and interviews of Professional Nurses at Ngwelezana Hospital employed. The appropriate sampling was convenience sampling.

The results revealed that in Ngwelezana Hospital there was an increased incidence of absenteeism amongst Professional Nurses. The results further revealed that the current policy on sick leave was problematic. The study highlighted special considerations by health service management on managing quality.

Background

Globally absenteeism is viewed by as the rate of absenteeism registered nurses who occupy offices and are at liberty to misuse office hours for their own liking (Lee & Erickson, 1990). They further maintain that absenteeism appears to high amongst Registered nurses because they have less flexibility in their working time and there is more responsibility attached to their work and as a result they lose interest in their work.

Absence from work has wide ranging repercussions on the workplace, workers, the main core business of the institution which is the provision of quality care to patients.

The hospital as the employer incurs additional cost which includes the cost of training temporary staff, the cost of rescheduling and appointing temporary staff. From the other employees perspective, absenteeism leads to burn out as staff has to bear additional workload.

In cases where the relief nurse who is unfamiliar with activities of the unit performs errors to patients contributing to injury to the body of the patient, the Hospital may be sued and have to pay a large sum of money because of the mistake caused by inexperienced nurse. Gillies, (1994) maintain that a high rate of absenteeism is costly in terms of agency expenditure and employee morale. A nurse from another section must replace an absent worker. A replacement worker becomes unfamiliar with the work environment, so inefficiency and error result and other workers are demoralized and absenteeism rate increased (Gillies, 1994: 284). This is supported by Kokemuller, (2014) who maintains that the cost of missed work and opportunities creates a major burden to a work environment and employees. Kokemuller, (2014), adapted in Davey, Cummings, Newburn-Cook &Lo, (2009:312-330) maintain that policy on sick leave is the primary contributor of absenteeism. Failure to identify fake illnesses due to the fact that nurses get sick leave certificate from their doctors that they pay, contributes to absenteeism. They further maintain that nurses after seeing their doctors, submit fake sick reports within 24 hours and complete sick leave forms. This becomes problematic to the management who are faced with high incidence of absenteeism created by the application of absenteeism policy which fails to control absenteeism

The high incidence of absenteeism among professional nurses has a great impact on patient care because patients do not receive the best care they deserve especially the helpless ones who are totally dependent on nurses by demanding total care from them. This results to long hospitalization and increased death rate to some of the patients (Cohen &Golan, 2007:416-417).

A study conducted by Tayani (1990) in the then republic of Transkei indicated that absenteeism rate occurred as a result of job dissatisfaction in nurses which is created by long hours of work and lack of material and human resources. A similar study was conducted by Zondi (1996). The author examined the impact of staff absenteeism on patient care. The results revealed that absenteeism is more common among nursing personnel at Ngwelezana Hospital whose workload led to burnout which resulted to absenteeism. This is supported by Nyathi (2009) who maintains that most of the nurses do not report at work as it is indicated in their off duty rosters. Some report in the morning and disappear during the day. Others are present at work but are not known what they are doing because they are not with patients. Unlike Zondi (1996), study that focused on the impact, this study looked at the factors behind absenteeism.

The purpose of the study was an exploration of factors contributing to absenteeism of professional nurses in Ngwelezane Hospital. Staff attendance records were reviewed and this was followed by interviews of professional nurse.

Research methodology

This study adopted a descriptive-exploratory survey using triangulation to explore the factors contributing to absenteeism among Professional Nurses employed at Ngwelezana Hospital. Denzin (1978) defined triangulation as the combination of methodologies in the study of the same phenomenon. He further outlined four types of triangulation: (1) data triangulation (i.e. use of various sources in a study); (2) investigator triangulation (i.e. use of several different researchers); (3) theory triangulation (i.e. use of multiple perspectives and theories to interpret the results of the study); (4) methodological triangulation (i.e. use of multiple methods to study the research problem). For this study two methodological triangulation wherein both qualitative and quantitative methods were used and data triangulation were employed. The researcher also used data source triangulation wherein document review was used to identify the prevalence of absenteeism among Professional Nurses as well as interviews to explore the factors contributing to absenteeism.

Population and Sampling

The target population consisted of all the professional nurses employed by Ngwelezana Hospital during the time the study was conducted.

Stratified sampling was used. This type of non-probability sampling, according to de Vos (2005), is based on the judgment of the researcher. A stratified sample improves the chances that the sample is more representative of the population. Patton (1990:169) states that "the logic and power of purposeful sampling lies in selecting information rich cases for study depth". The different levels of professional nurses, namely Chief Professional; Senior Professional and Professional nurse were used as the different strata.

Table 1: Different levels of professional nurses in different units N=200

UNIT/DEPT	CPN	SPN	PN
Medical	35	14	15
Surgical	10	10	8
Paediatric	19	8	5
Maternity	10	7	6
Orthopaedic	10	6	4
Theatre	10	5	6
Resuscitation unit	6	4	7
Total	100	54	51
Total sampled	100	54	46

Data Collection

Document Review was conducted using Personnel records namely Task Allocation schedules and Attendance records. These records were reviewed to obtain information about the rates of absenteeism for professional nurses as a whole and also to identify the peak periods of absenteeism as well as to compare between the three levels of professional nurses. Descriptive statistics were used to make sense of the data.

The structured interview schedule was for determining the factors that contributed to absenteeism as well as the effects of absenteeism on patient care as viewed by the respondents. A structured interview schedule consisting of closed and open-ended questions were formulated. There were 200 copies of structured interviewed schedule. The pilot study was conducted at Ngwelezana Hospital in one department on five (5) professional nurses. Few questions were restructured, as respondents for the pilot study seemed to encounter problems with them. The instrument was then refined before being administered for the main study.

Results of Document Review

The results revealed that 30% of Chief Professional Nurses, 31%Senior Professional Nurses,, and 39% Professional Nurses, absent themselves in different months due to ill health. Therefore there was a high incidence of absenteeism in each month. However 21(39%) out of 54(100%) is relatively high incidence of absenteeism which may have serious effects on patients. It is also noted that absenteeism due to illness among Professional Nurses was high as it was 39%. Out of the three levels the incidence of absenteeism among Professional nurses due to ill health was high during September and December. This suggested that the rate of absenteeism was high as compared to other months, probably due to holidays where parents want to be with their children at home.

Qualitative approach data analysis

The model for analyzing phenomenological data by Giorgi (1985) as adapted in Schweitzer (1998) was used to enhance the explication of the meaning structures. The first step involved transcribing data and coding the transcripts. The second stage involved reading ad re-reading the transcribed data to identify similarities in the responses. Thereafter similar responses were grouped to form patters. The last stage involved structuring the units of meanings into categories.

The Table below is depiction of how data was analysed:

Table:2 factors contributing to absenteeism of Professional Nurses in Ngwelezana Hospital.

Theme	Patterns	Categories	
High rate of absenteeism among professional nurses	Distance from home	Heavy rains	
	Condition of service	Job satisfaction	
	Family responsibility		Illness
			Sick child or Sick husband
		Attending school meeting	

Three main factors were identified as direct causes of absenteeism namely: from each one of the three, the researcher identified the major theme such as absenteeism, patterns such as distance from home, condition of service and family responsibility, and also categories such as heavy rains, lack of transport, lack of

accommodation, job satisfaction, lack of motivation, illness, sick child or sick husband and attending school meeting.

Discussion of findings

The, themes patterns and categories portraying and conveying the factors contributing to absenteeism as they emerged during data analysis are displayed in Figure 1. Three main patterns were identified, namely, distance from home, condition of service and family responsibility.

Pattern 1: Distance from home

“... Lack of accommodation near the workplace contributes to absenteeism among the workers. The workers cannot come to work because transport may not be available or has a breakdown and workers fail to come to work or for reasons such as problems of rain or slippery roads...”

The individual theme denoting distance from home of professional nurses emerged from the data and was categorised into heavy rains that created the inability of professional nurses to report to work, lack of transport to the work place which is coupled with increased transport fees and lack of accommodation near the work place, resulted to absenteeism of professional nurses.

Heavy rains identified with reference to absence of Professional Nurses

Within this category the theme absenteeism emerged. Participants expressed their absent as a result of heavy rains. Feeling of loss of interest and demotivated to be at work were strongly felt by the participants; and these feelings were strongly felt when the Professional Nurses realised that their absence had a negative impact on patient care.

“...Floods and storms wash bridges away. These also destroy roads and make it difficult to come to work...”

“...The roads become muddy and slippery thus preventing free and safe mobility...”

(Respondent)

Lack of transport to the work place with reference to absence of Professional Nurses

Participants expressed lack of transport to the work place as a contributor to absenteeism influenced by lack of motivation to attend. Participants admitted that there was increase difficulty of getting to work due to unavailability of transport.

“...There is an increased difficulty in getting to work on time due to transportation problems. When a person is motivated to attend, bus strikes will occur...”

“...Taxis and private transport is expensive and this will demotivate nurses to attend...”

This is congruent with Rhodes& Steers (1990:50) who stated that the increase difficulty of getting to work due to transport problems that presented possible impediments to attendance behaviour for some nurses. They further maintain that when the individual is motivated to attend, bus strikes will occur and this unavoidable situation will demotivate nurses if they were willing to come to work. They end up conforming to strikes and absent themselves from work (Rhodes& Steers 1990:50)

Conclusion by Rhodes& Steers (1990:72) are in agreement with the findings above, indicating that the inability to coordinate work hours with public transport will increase absenteeism Nurses must use alternative transport available and less expensive.

Lack of accommodation near the work with reference to absence of Professional Nurses

Within the category ‘lack of accommodation near the work place with reference to absence of professional nurses’, the theme absenteeism were identified during data coding and analysis process. The participants expressed their concerns about their absence as a result of lack of accommodation near the work place.

“...Nurses absent themselves because of lack of accommodation near the work place...”

“...Nurses travel long distances to work and this demotivate them to attend...”

According to Rhodes &Steers (1990:15), nurses absent themselves because of lack of accommodation near the work place. Housing rent is often high in established locations, and is unaffordable for some. Some employees absent themselves for months because they cannot afford to pay public transport and at the same time pay the housing rentals.

Sullivan & Decker (1992:376) confirmed that professional nurses showed lack of work ethics and discriminative behaviour towards work and patient care. They absent themselves for months without any valid explanation and

hide behind lack of accommodation. This reflects lack of motivation to attend. Booyens (1993:345) attested to these facts, stating that a demotivated worker who has lost interest in work resort to absenteeism in order to relieve oneself from burden created by workload.

Pattern 2: Conditions of service

Within the second pattern two categories were identified namely: Job satisfaction and Lack of motivation.

“...Absenteeism rate increase because of job dissatisfaction caused by lack of material resources and long hours of work...”

“...also working conditions like lack of orientation on the job and poor supervision where there is bias and favouritism contribute to absenteeism...”

Conditions of service involving job satisfaction

The condition of service involving job satisfaction are achievement, recognition, the challenge of work itself, responsibility advancement and promotion and personal and professional growth. (Owens,1998:149). Thus motivation as evidenced through job satisfaction is attributed through human characteristics and intrinsic factors, while job dissatisfaction is linked to the characteristics of the organisation and the organisational climate (Owen, 1998:150). Thus in respect of absenteeism, it is important that factors that trigger job dissatisfaction be isolated to prevent absenteeism.

Conditions of service involving lack of motivation

Daughtery & Ricks, (1998:347) argues the fact that when workers have too little access to the boss, they begin to get the feeling that no one higher up on the ladder really cares about them. They then tend to become intimidated when someone is constantly controlling them and become demotivated to attend.

Most of the participants noted that their experiences of the workplace were negatively affected by dehumanising management styles. This was evidence by persistence staff shortage and increased work load on fewer Professional Nurses. This had an effect on attendance motivation.

Pattern 3: Family responsibility

Within the final patterns family responsibility, three categories emerged namely: Illness, sick child, or sick husband and attending school meeting.

Family responsibility directed at illness

The discussions of participants focussed on the high rate of absenteeism due to illness.

“...Women have to look after their sick husband and children. They don't go to work until they (the latter) get better...”

“...it is often women's responsibility to attend to school meetings and make a fruitful contribution if required to do so...”

Professional Nurses absent themselves in different months due to ill health It also noted that Professional Nurses are in supervisory positions and they therefore feel less responsible.

“...Nurses who occupy offices are at liberty to misuse office hours for their own likings and absent themselves ...”

The findings are supported by Lee & Erickson (1990:37) who maintained that absenteeism appear to be high among Registered Nurses who occupy offices and are in supervisory positions, misuse office hours for their own likings and absent themselves. Gillies (1994:288) confirmed that some workers demonstrate higher rate of absenteeism which is predictable and have infrequent long term absence due to ill health.

Family responsibility directed at sick child or sick husband

It was of interest to note that women absent themselves than man. Steers, Porter & Begley (1996:370) stated that household activities cause women to be more absent than males. They further stated that women have to look after their sick husband and children, they don't go to work until they get better. The discussion of participants focused on the unavailability of day care centres within the Hospital which could be the possible solution if used to reduce absenteeism of Professional Nurses.

Family responsibility directed at attending school meeting

Steers, Porter & Begley (1996:370) maintain that it is often women's responsibility to attend school meetings to make a fruitful contribution if required to do so. This is confirmed by the participants who stated that women attend school meeting more often in order to be well informed about the school rules and regulation and abide with them

Recommendations

Out of this research the following are indicated:

- Current policy on sick leave to be considered by health service management
- Special considerations by health service management on managing quality patient care are important.
- Further study to be conducted on a wider scale that would include other Hospital, and include other categories of nurses.

Conclusion

The high incidence of absenteeism among professional nurses had a great effect on patient care because most of the nursing skills were not done and patients received inappropriate care. This study will create awareness to the authorities of the institution on the causes of absenteeism from work. The rate of absenteeism was highlighted and policies were formulated to reduce the incidence of absenteeism.

The results indicated higher rate of absenteeism demonstrated by some Professional nurses at Ngwelezana Hospital. The Author has indicated how the results relate to expectations and to earlier research. The supports previous theories which indicate that leave policy and negative impact on quality patient care is the predictor of high rate of absenteeism. The Author has moved the body of scientific knowledge forward by presenting the results both substantially and statistically.

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