NURSES' VIEWS ON WHICH FACTORS CAUSE NURSE ABSENTEEISM IN A SELECTED HOSPITAL, DURBAN, SOUTH AFRICA.

DISSERTATION

by

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DECLARATION:

I, Prenola Devasree Mudaly, hereby declare that this thesis of "NURSES' VIEWS ON WHICH FACTORS CAUSE NURSE ABSENTEEISM IN A SELECTED HOSPITAL, DURBAN, SOUTH AFRICA.", is my own work. All the sources cited from relevant literature, have been acknowledged. This work has not been submitted for any other degree at any other University or tertiary institution.

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Miss PRENOLA DEVASREE MUDALY   **30 MARCH 2009**

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DEDICATION

This thesis which was ardently compiled, through much self-sacrifice and conscientious studying, research and write-up, was possible only through my most dearest and loving mother. Therefore it is most lovingly dedicated to:

MY MOTHER – MRS THILORMONEY MUDALY

This book is undeniably as an outcome, of my mother's powerful love, never ending faith and confidence, in me to have completed my thesis. Mum, You are a truly an exceptional woman, and the best mother in the entire world. I LOVE YOU MUM!

ACKNOWLEDGEMENTS:

ABSTRACT:

The research study on "Nurses' views on which factors cause nurse absenteeism in a selected hospital, Durban, South Africa", was conducted utilizing a quantitative, non-experimental, simple survey design. The study was conducted at a provincial hospital in Durban. There were sixty nurses, which were involved in the study. The nurse study sample comprised ten Registered Nurses on day duty and ten Registered Nurses on night duty; ten Enrolled Nurses on day duty and ten Enrolled Nurses on night duty; ten Enrolled Nurse Assistants on day duty and ten Enrolled Nurse Assistants on night duty. Nurses consented to be apart of the study, following completion of the study questionnaire,

The study was guided by the conceptual framework by Taunton, Hope Woods and Bott. (1995: 218). Independent variables of the nurse, nurse manager, work and organization and their associated characteristics were the main aspects of the study. These were investigated using separate methods of closed-ended and open-ended questions, to determine factors that caused absenteeism. The closed-ended questions consisted of questions to either responses of either an agree or disagree. There were open-ended, simple survey, questions. Statistical methods of A Exact Binomial Test of Significance were used to analyze the quantitative data of the closed-ended data collected. Content analysis, using a coding technique, with descriptive analysis techniques of frequency counts and frequency distributions, were utilized for data analysis for the open-ended data collected. There emerged many reasons for nurse absenteeism, employing two research designs, some of which were unknown until this research was complete and some reasons, which were known but now emphasized.

Once the hospital management view upon all reasons for nurse absenteeism, there can possibly an understanding of nurse absenteeism, reducing nurse absenteeism and allowing for a better-managed workforce.

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LIST OF ABBREVIATIONS:

1.   Registered Nurse – RN

2.   Enrolled Nurse – EN

3.   Enrolled Nurse Assistant – ENA

4.   Number – No.

5.   Acquired Immune Deficiency Syndrome – Aids

6.   Human Immunodeficiency Virus – HIV

7.   Employee Assistance Program - EAP

CHAPTER 1

ORIENTATION TO THE RESEARCH STUDY

1.1   INTRODUCTION

Martocchio and Jimeno (2003: 4) describe absenteeism as a single day of missed work. Sagie (1998: 2) distinguishes two types of absence, involuntary and voluntary absence. Involuntary absence may include a certified sickness or a family crisis, for example, attending a funeral. Such factors are beyond the employee's control. Voluntary absence indicates an absence, which is controlled by the employee. That is, the employee absenting him or herself from work for other job opportunities for instance. Therefore voluntary, rather than involuntary absence from work by an employee may reflect job dissatisfaction and a lack of commitment by the employee towards an organization. In this study, absenteeism refers to an employee who does not attend work, as expected.

Sagie (1998: 1) states that absenteeism is a costly problem in an organization. Related factors causing nurse absenteeism attributed to the organization can be job dissatisfaction, low levels of organizational commitment, or the decision to quit a job, by the employee. In this respect, if an employee is absent from work, he or she is expressing a negative attachment to the organization. Similarly, Mahoney (1999: 27) states that nurse's may absent him or herself from work when they feel they are being unfairly treated by those in authority. Their weapon of self-defence then is to absent themselves from work. In so doing, Wing (1999: 25) stresses absenteeism leaves existing colleagues with excessive workloads, staff shortage therefore causing reduced staff morale.

Nyathi (2005: 1) stressed that absenteeism of nurses, has the potential to paralyze an organization. Patient care delivery is off a low standard, due to tired, over-worked nurses, who in turn absent themselves from work..

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Absenteeism as Doyle, O'Brien, Timmins, Tobin, O'Rourke and Doherty (2007: 129) state is a global phenomenon. Studies conducted in the UK and the Republic of Ireland amongst nurses, revealed that nurse absenteeism was a serious problem. Reasons cited for nurse absenteeism were commuting problems and personal reasons. However, Wing (1999: 25) maintains that all the causes of absenteeism amongst nurses are not known. Therefore, rather than being punitive, it is more sensible to understand what factors cause nurse absenteeism. This study on, "Nurses' views on which factors cause nurse absenteeism in a selected hospital, Durban, South Africa", involved Registered Nurses, Enrolled Nurses and Enrolled Nurse Assistants from day and night duty, is significant. Identifying and describing reasons for absenteeism will possibly assist the management of this healthcare organization, curb nurse absenteeism, where possible.

A quantitative, non-experimental, simple survey design was adopted in this study. The conceptual framework by Taunton, Hope, Woods and Bott (1995: 218), adapted in the study by Nyathi's (2005:10), essentially highlights the independent variables of the nurse, nurse manager, work and organization, associated characteristics causing nurse absenteeism, which is used to underpin this study.

1.2 BACKGROUND INFORMATION

This study was conducted in Hospital X, a public hospital, located in Chatsworth, Durban. Chetty (2002) compiled an information sheet including the demographics on Hospital X. Chetty (2002) highlighted that Hospital X is in a suburb in the eThekwini health district. The hospital serves the population of Chatsworth and surrounding area. Hospital X is a regional and district hospital with 543 beds. At the outset of the study, the researcher was informed by nurse managers and staff that there is a high absenteeism rate of nurses coupled with a staff shortage in Hospital X.

Absenteeism is a serious occurrence nationally, particularly in health institutions. An investigation was led in South Africa by the Commission of Enquiry (2005: 2) at a provincial psychiatric hospital in response to allegations of abuse of human rights of psychiatric patients. Findings revealed that there were high rates of absenteeism amongst staff at the hospital. Absenteeism was particularly common of the 15th and 30th of each month, being paydays according to The Commission of Enquiry (2005: 7). Staff were also found to be absent from work owing to the abuse of alcohol, poor working conditions, annual leave discrepancies and a poorly functioning leave committee, according to The Commission of Enquiry (2005: 7).

Nurse absenteeism is considered serious in Hospital X. This study revealed two nurse's exact responses to causal factors of absenteeism. An Enrolled Nurse from the survey stated that, "Nurse's should find employment near home due to their shifts this causes absenteeism". A Registered Nurse also stated that, "Nurse's are suffering from burnout due to the increase in turnover of patients. Other staff members are moonlighting while their colleagues have to double up their workload". So too, Wing (1999: 25) states that absenteeism is a crisis situation. Much disarray is caused to existing staff in the organization.

Van Der Westhuizen (2006: 16) agrees that in South Africa, absenteeism of employees is a widespread phenomenon. Causal factors to staff absenteeism could be attributed to increased workloads worsened due to hospitals being inundated with patients infected with HIV/AIDS related illnesses. Wing (1999: 25) states that rather than being punitive, it is more sensible to understand what factors cause nurse absenteeism, hence making this a relevant study.

1.3   RESEARCHER'S ASSUMPTION

Being a qualified registered nurse who has practised in both private and public institutions, the researcher has witnessed absenteeism of nurses. Nurse absenteeism usually exceeded their accrued sick leave days for a month. At the outset of this study, the researcher assumed then that absenteeism amongst nurses was a serious occurrence, for which causal factors had to be identified and described. The Concise English Dictionary (2005: 22) defines an assumption as something which is taken for granted.

1.4   SIGNIFICANCE OF THE STUDY

The nursing role is critical. According to the American Association of Colleges of Nursing (1995: 22), the purpose of nursing is to enhance a patient's quality of life. Nursing assists people who are sick, in the performance of those activities contributing to health or recovery, that they would be able to do unaided, if they had the necessary strength or will to do so. Considering the role of a nurse then, stresses that nurse absenteeism is a crisis. So too, Health Canada (2004) views nurses as being fundamental in the health system in terms of roles and numbers. Accordingly, half the nursing force in Canada is over 45 years old and 30% of working nurses are over 50 years old in Canada. Alongside this aging workforce, there is nurse shortage. As older and skilled nurses retire, there are fewer adequately qualified nurses. This further burdens a vital workforce especially in the backdrop of absenteeism. Similarly, Health Canada (2004) further reported 13 000 RNs being absent in one week, owing to injury, burnout at work or frustration.

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In addition, Penn-Kekana, Blaauw, Tint and Monareng (2005) who undertook a study in South Africa, found that a large number of nurses absented themselves from work. They also found that a high percentage of nurses felt demoralized, de-motivated, burnt out and contemplated resignation. Study findings to factors causing absenteeism and recommendation to curb absenteeism, will be presented to the hospital management. Policies and strategies can be implemented to reduce absenteeism. This may result in improved productivity as more staff members would be on duty as scheduled and improved overall quality nursing service.

1.5 PROBLEM STATEMENT

Booyens (1998: 355) stresses that absenteeism is very disruptive in terms of patient care and to the work environment. Nurse absenteeism is also a costly problem in any health organization. Absenteeism of nurses subjects patients to the care by fewer qualified caregivers, which may compromise effective care and treatment delivery (Booyens, 1998: 355).

Hospital X, as Govender (2009: 1) states through The Express Online,, is a busy and a short staffed hospital. There are 128 vacant posts for specialists, 91 vacant posts for professional nurses, 20 vacant posts for medical specialists and 17 vacant posts for pharmacists. Absenteeism then plunders the numbers of staff present at work further according to Govender (2009: 1).

Nyathi (2005: 7) also conducted a study in a government hospital in the Limpopo Province of South Africa, aiming to understand the reasons for nurse absenteeism. The research design was a quantitative study, also adopting the conceptual framework of Taunton et al. (1995: 218). The questionnaire in Nyathi (2005: 12) consisted of closed-ended questions pertaining to the conceptual framework independent variables and their associated characteristics. This was very limiting, as unknown reasons outside the conceptual framework were not discovered. Nurses could be absent for a variety of reasons, some of which were not covered in the questionnaire.

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This study however hopes to achieve further insight into nurse absenteeism. Nonetheless, the core findings from the study in Nyathi (2005: 119) were that nurses were absent from work on account of nurse characteristics due to a lack of work commitment. A lack of work commitment involved nurses wanting to prolong their weekends, imitating colleague's poor work ethic and lack motivation to go to work. Absenteeism due to stress related factors included physical illnesses, suffering from minor ailments and attending funerals. Other factors caused by nurse characteristics are, suffering domestic conflicts, abusing drugs and alcohol and work related injuries.

Nurse Manager characteristics reasons for absenteeism were due to the inability of the Nurse Manager to solve nurses' problems. Work characteristics contributing to absenteeism, were due to long working hours and the heavy workload faced by nurses. Organization characteristics causing absenteeism were due to inadequate salary scales, a lack of promotion opportunities to the next rank, unfair selection of nurses for career opportunities, nurse staff shortage, shortage of equipment and resources, improper application of the absenteeism policy at work, unfair reward system and inconsistent management practices at work.

From an international perspective, Health Canada (2004) highlights the results of a study of absenteeism among publicly employed Registered Nurses (RNs) in Canada. The report highlights that the absenteeism rate of RNs in Canada is steadily increasing. When compared to other professions, full time employed RNs had an absenteeism rate due to illness and injury that was 83% higher than other full time employed employees, for the year 2002. Canada faces severe nurse shortages, causing existing nurses to have an increased workload coupled with increased work hours. All nurses, full or part-time, suffered high rates of strain due to work responsibilities. Nurses, despite being tired, are required to do work procedures with missing or inadequate equipment even. This results in nurse absenteeism due to illness and strain, caused by work duties.

Essentially, unscheduled absenteeism as Vorster (2004:5) adapted in Ralikonyana (2007: 4) emphasizes impacts on staff morale and productivity levels. There are increased administrative responsibilities, disrupted work teams and fellow colleagues follow poor attendance examples.

Hospital X faces a serious challenge in regard to the nurse absenteeism, considering that the patient turnover and admissions are increasing constantly, despite staff shortage and nurse absenteeism.

1.6   CONCEPTUAL FRAMEWORK:

Brink (2000: 206) states that a conceptual framework forms a background for a study. This study adopted the conceptual framework of Taunton et al. (1995: 218) which is the "Predictors of Nurse Absenteeism". Concepts are related in a logical manner by the researcher. This framework guided the research objective, indicating the independent variables and their effect on the dependent variable of absenteeism. The diagram below, in Figure 1.1, is the conceptual framework by Taunton et al. (1995: 218) as adapted by Nyathi (2005: 10).

Nurse characteristics:
Age and gender of nurses
Qualifications
Health status of nurses
Family responsibility
Transport problems
Work commitment
Opportunities outside the workplace
Income

Manager Characteristics:
Leadership style
of nursing manager:
Participatory and
Autocratic
management styles.

Absenteeism (Dependent variable)

Organizational characteristics:
Facilities,
Manpower
Career development
Absence policy
Promotion opportunities
Incentives
Decentralization

Work characteristics:
Autonomy
Routine work
Group cohesion

Figure 1.1: Conceptual framework of "Predictors of Nurse Absenteeism" by Taunton, Hope, Woods and Bott (1995: 218).

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The framework highlights aspects of independent variables, which is the nurse, nurse manager, work and organization, their associated characteristics and the dependent variable in this study, being absenteeism. Brink (2000: 208) states that a dependent variable is the effect or result, of the independent variables.

1.6.1 COMPOSITION OF THE INDEPENDENT VARIABLE CHARACTERISTICS

This section discusses each independent variable and its associated characteristics in the conceptual framework. This includes the Nurse, Nurse Manager, Work and Organization and their associated characteristics, which cause nurse absenteeism.

1.6.2 NURSE CHARACTERISTICS:

There are ten associated Nurse characteristics, as in the Taunton et al. (1995: 218) conceptual framework. These are the nurse's age, gender, qualifications, health status, family responsibility, transport problems, work commitment, opportunities outside the work place and income.

1.6.3 NURSE MANAGER CHARACTERISTICS:

The two associated Nurse Manager characteristics, as in the Taunton et al. (1995: 218) conceptual framework, are the leadership style of nurse managers whether participatory or autocratic leadership.

1.6.4 WORK CHARACTERISTICS:

The three associated Work characteristics, as in the Taunton et al. (1995: 218) conceptual framework are work autonomy, group cohesion and routine work.

1.6.5 ORGANIZATION CHARACTERISTICS:

The seven associated Organizational characteristics, as in the Taunton et al. (1995: 218) conceptual framework, are concepts such as facilities, manpower, career development, absence policy, promotion opportunities, incentives and decentralization, were the associated characteristics, which might contribute to nurse absenteeism.

1.7 OPERATIONAL DEFINITIONS

According to Mouton and Marais (1996: 126), concepts can be defined as a symbolic meaning by which people classify or categorize reality. These concepts define the essence of the entirety of the research and allows for understanding of how the conceptual framework guides the research.

Manager - According to the Concise Edition English Dictionary (2005:199) a manager is a person who manages an organization. In the context of this study, a manager is referred to as a nurse manager. The nurse manager controls the activity in a ward and junior nurses are accountable to the nurse manager.

Nurse- According to Concise Edition English Dictionary (2005: 222) a nurse is a person trained to care for the sick, injured or the aged. Nurses in this study included Registered Nurses, Enrolled Nurses and Enrolled Nurse Assistants.

Registered Nurse- According to the Government Gazette (2005) a Registered Nurse is a nurse who is registered under the Nursing Act of 1978 and has undergone prescribed training according to this act. In this study, a Registered Nurse is a senior nurse.

Enrolled nurse – According to the South African Nursing Council (2008) an Enrolled Nurse is a nurse who carries out his or her nurse care duties as the enrollment permits, under the direct or indirect supervision of a Registered Nurse, or where necessary under the indirect or direct supervision of a medical doctor or dentist under his or her written or verbal prescription. In this study, an Enrolled Nurse is able to carry forth procedures under the direct supervision of the Registered Nurse.

Enrolled Nurse Assistant – According to the South African Nursing Council (2008) an Enrolled Nurse Assistant is a nurse who carries out his or her nurse care duties as the enrollment permits, under the direct or indirect supervision of a Registered Nurse, or where necessary under the indirect or direct supervision of a medical doctor or dentist under his or her written or verbal prescription. In this study, an Enrolled Nurse Assistant is a junior nurse directly under an Enrolled Nurse in the organogram of the hospital, reporting directly to the Registered Nurse.

Nurse characteristics – In this study, nurse characteristics include age, gender, qualifications, health status, family responsibility, transport constraints, work commitment and other opportunities outside the workplace and income. Essentially, the study ascertains, in terms of the research objectives which factors under the nurse characteristics cause nurse absenteeism.

Nurse Manager characteristics – In this study, nurse manager characteristics include the leadership style of the nurse manager. The two leadership styles discussed in this study are the autocratic and participatory leadership style of the nurse manager. The characteristics of the nurse manager focuses on aspects associated with the leadership styles of the nurse manager and questions about this were asked of participants in the study questionnaire.

Essentially, the study ascertains in terms of the research objectives which factors under the nurse manager characteristics cause nurse absenteeism.

Work characteristics – In this study, work characteristics include autonomy, routine work and group cohesion. Essentially, the study ascertains in terms of the research objectives which factors under the work characteristics cause nurse absenteeism.

Organization characteristics – In this study, organization characteristics include facilities, manpower, career development, absence policy, promotion opportunities, incentives and decentralization. Essentially, the study ascertains in terms of the research objectives which factors under the organization characteristics cause nurse absenteeism.

Absenteeism - For the purpose of this study, absenteeism, according to Booyens (1998: 355), will be measured as a single day of absence.

1.9   PURPOSE OF STUDY

The purpose of this study was to establish reasons for nurse absenteeism amongst the nurse categories of Registered Nurses, Enrolled Nurses and Enrolled Nurse Assistants, from day and night duty.

1.10   RESEARCH OBJECTIVE

Blaikie (2000: 72) states that research objectives are concerned with the types of knowledge to be produced. The research objectives in this study are:
1. To identify and describe the individual nurse characteristics that causes nurse absenteeism.
2. To identify and describe the individual nurse manager characteristics that causes nurse absenteeism.
3. To identify and describe the individual work characteristics that causes nurse absenteeism.
4. To identify and describe the individual organization characteristics that causes nurse absenteeism.
5. To provide recommendations where possible, to identified and described characteristics that cause nurse absenteeism.

1.11 RESEARCH DESIGN AND METHOD

This study features a quantitative, non-experimental, simple survey design. Mouton and Marais (1996: 33) state that the aim of a research design is to plan and structure a given research study so that the eventual validity of the research findings is increased.

The data analysis technique for the closed-ended data used was The Exact Binomial statistical test of significance. The test allowed, to ascertain statistically, which of the closed-ended factors for each variable under each category of nurse, causes nurse absenteeism.

The data analysis techniques for the open-ended data used was, content analysis with coding, and the use of descriptive statistics of frequency distributions and frequency counts. Content analysis with coding, and the use of descriptive statistics of frequency distributions and frequency counts of the open-ended factors was performed to highlight further other factors that cause nurse absenteeism.

CHAPTER 2

LITERATURE REVIEW

Blaikie (2000: 24) states that the purpose of a literature review is to find possible answers to a research inquiry. The researcher reviewed nurse absenteeism literature databases such as electronic texts, journals and published articles. The literature review focuses on aspects of the conceptual framework of Taunton et al. (1995: 218) as highlighted in section 1.6.

2.1 NURSE CHARACTERISTICS

This section of nurse characteristics deals with an in-depth literature review of all the associated nurse characteristics causing nurse absenteeism, as seen in Figure 2.1. According to the conceptual framework of Taunton et al. (1995: 218) adapted in Nyathi (2005: 10) nurse characteristics influencing absenteeism, includes characteristics such as age, gender, qualifications, health status, family responsibility, transport constraints, work commitment and other opportunities outside the workplace and income.
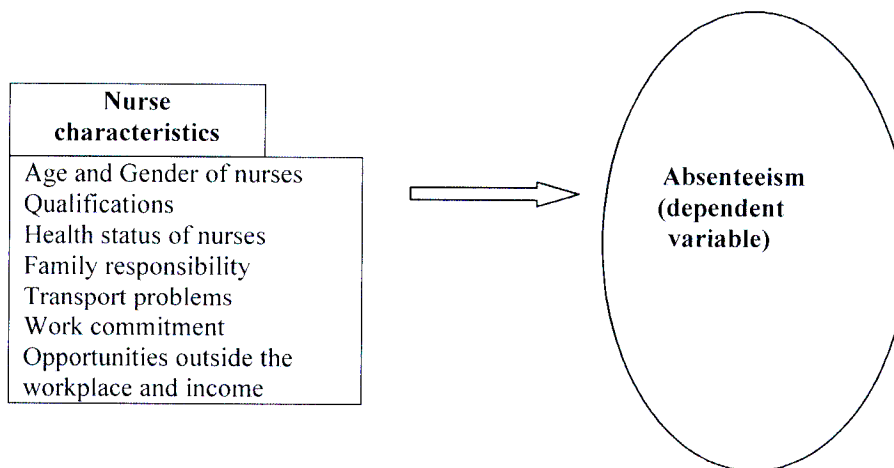
Figure 2.1: Nurse Characteristics: Adapted in Conceptual Framework by Taunton, Hope, Woods, Bott (1995: 218).

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2.1.1   NURSE CHARACTERISTICS

In this study, a nurse is a trained professional working in a hospital. The characteristics of a nurse are:

2.1.2   AGE

The Concise Edition English Dictionary (2005: 12) defines age as the period of time during which someone or something has lived or existed.

Lambert, Edward, Camp and Saylor (2005: 167) assert that age is a common causal factor of absenteeism. They however, state that the relationship between absenteeism and age is unclear in terms of aging.

However, dos Reis, La Rocca, Silveira, Bonilla, Gine and Martin (2003) argue that age contributes to absenteeism in younger people. They maintain that younger men were seen absent often than older men. Similarly, Shader, Broom, Broome, West and Nash (2001: 213) state that younger nurses due to stress, are absent more often than compared to older nurses. Lambert, Edward, Camp and Saylor (2005: 167) therefore maintain that age is a common causal factor of absenteeism. They also agree with dos Reis et al. (2003) that younger and new workers were generally more prone to absent than older workers. This is especially true in relation to workers with a longer work history with the organization.

Buchan and Seccombe (1995: 5) too agree that absenteeism of employees reduces with age. As a result, employees under twenty-five years old are absent more often than compared to employees who were over forty-five years old. Highlighting the days of absence duration of employees, Buchan and Seccombe (1995: 5) state that this differs with age. Employees who are under twenty years old are absent for three days or fewer. Employees over forty-five years old absented themselves from work for three days or more.

2.1.3 GENDER

From a gender perspective, dos Reis et al. (2003) maintain that women have greater responsibility for childcare than men. Women are therefore absent from work more often than men to take care of family responsibilities. Lambert et al. (2005: 167) in a similar view found that males do not absent themselves so often as compared to females. dos Reis et al. (2003) state that female nurses have characteristics of gender and hierarchical positioning, with an increased physical and emotional stress.

Considering female absenteeism, Lambert et al. (2005: 172) states that is dependent on the age of children. Women were more likely than men to be absent especially if they had children of five years old and below.

Essentially, Boyar, Maertz and Pearson (2004: 921) assert that females have a more dominant responsibility to their family than males. Females are seen as devoting more time to their families, despite being in full time jobs. They place greater importance on family requests, which may necessitate their being absent from work. Likewise, Buchan and Seccombe (1995: 6) stress that female nurses are absent more often than male nurses. Females have immense domestic and family responsibilities, which affected absenteeism. Buchan and Seccombe (1995: 6) further emphasize that nurses with pre-school children were increasingly absent to take time off for childcare emergencies. This indicates absenteeism is due to childcare responsibilities rather than the employee being ill.

Gupta (2000) reported that absenteeism of hospital staff occurred for various reasons. Absenteeism, according to Gupta (2000), is a withdrawal type of behaviour that an individual exhibits when dealing with personal and professional problems. Gupta (2000) also found that females have higher absenteeism rate than males. Absenteeism is higher in males of the ages 18-25 years old and lower in the ages of 40-65 years old males. Additionally, unmarried males and females have a lower absenteeism rate than married employees.

2.1.4 QUALIFICATIONS

Vlãsceanu et al. (2004) as adapted in Harvey (2004) from the Analytic Quality Glossary, define a qualification as any higher education award. This qualification can either be a degree, diploma, or other type of formal certification, which is issued by a competent, registered authority attesting the successful completion of a course program.

Nyathi (2005: 16) states that nurses, who have a degree or diploma qualification, have lower rates of absenteeism than nurses without these basic qualifications. Nyathi (2005: 16) found through her study that professional nurses are more satisfied with their work than sub-professional nurses, as they have ample opportunity for growth in the organization in terms of promotions. Seeing as professional nurses are satisfied with their jobs through ample qualifications, study findings confirm a decreased rate of absenteeism amongst them.

On the other hand, Hugonnet, Harbarth, Sax, Duncan and Pittet (2006: 1) state that the training level of staff affects the sickness of patients. Nurse shortages coupled with the aging workforce, highlight fewer people advancing themselves career wise. With the lack of adequately trained staff, there is overcrowding in hospitals coupled with patients being increasingly ill. Nurses do not have enough time to comply with the infection control recommendations. They experience job dissatisfaction and job-related burnout, with a high staff turnover and absenteeism.

Health Canada (2004) through a study of absenteeism among publicly employed Registered Nurses (RNs) in Canada, revealed that the absenteeism rate of RNs in Canada is steadily increasing. When compared to other professions, full time employed RNs had an absenteeism rate due to illness and injury that was 83% higher than other full time employed employees, for statistics in the year 2002. In terms of skill mix, Health Canada (2004) state that nursing staff numbers and skill mix is significant to patient mortality. A higher ratio of RNs allows for better patient quality care pre-and post-discharge with patient compliance to treatment, reduced hospital stays and fewer hospital complications.

Nurses are forced by the organization employed in, to go below their scope of practice and perform non-nursing duties. Compounding this situation, Stack (2000: 7) states that excessive work demands lead to exhaustion, physical sickness and absenteeism. Employees faced with such work pressure, deal with it by being absent from work.

2.1.5 FAMILY RESPONSIBILITY

Family, according to the Concise Oxford Dictionary (1999: 521) is a group consisting of two parents and their children living together as a unit.

According to Madide (2003: 16), young workers with families, as well as older employees, have different concerns. Madide (2003: 16) affirmed that shift work impacts adversely on employees, both socially and on their domestic lives.

According to Maddox (2002: 5) particular shifts can cause employees to be absent from work. A factor contributing to this undesirable situation is the issue of family responsibility. Issues such as child care, or sickness in the family, can also cause workers to be absent from work.

So too, Doyle et al. (2007: 132) agrees that a common reason for nurse or student nurse absenteeism is family responsibility and social commitments. Erikson, Nichols and Ritter (2000: 226) also emphasize that family demands influences absenteeism amongst nurses, especially with children who are under six years old.

Buchan and Seccombe (1995: 6) agreeing with Erikson et al. (2000: 226) state that pre-school going children influenced nurse absenteeism. However, an in-depth review by Buchan and Seccombe (1995: 6) highlights the organization as being accountable for absenteeism of nurses. Accordingly, the organization did not have child care facilities such as crèches, or policies adhering to child care arrangements, causing absenteeism of staff.

2.1.6 TRANSPORT

The Concise Edition English Dictionary (2005: 347) defines transport as the system of transporting goods or passengers. On the other hand, Huczynski and Fitzpatrick (1989) define transport problems as difficulty in getting to work, or factors making attendance difficult. Huczynski and Fitzpatrick (1989) confirm that an unreliable transport system influences work attendance negatively. Weather and strikes in the public transport industry cause problems for nurses. Sheikha and Younis (2006: 2) also emphasize that transport is a contributing factor to high absenteeism rates.

Lambert et al. (2005: 166) introduce the term of "unavoidable absence", indicating that employees having problems of an unreliable transport system, may absent themselves from work. This type of unavoidable absence caused by transport problems is uncontrollable by the employee. Madide (2003: 92) also states that management needs to take into account transportation problems of nurses. Some nurses may travel from far distances and from different areas of the city.

2.1.7 WORK COMMITMENT

According to Nyathi (2005: 21) a committed individual at work incorporates certain attributes of the organization into his or her own cognitive state.

Bennett (2002: 3) maintains that employee commitment is the identification with and involvement in a particular organization. Commitment to work then depends on work ethics and prevailing workplace absenteeism culture as highlighted by Bennett (2002: 2). Erikson et al. (2000: 265) adds that absenteeism of staff is higher where there is a tolerance for absenteeism and lower where absenteeism is discouraged.

Nyathi (2005: 21) also mentions that a lack of work commitment to a job is an obstacle leading to lowered morale of the employee, low productivity and increased absenteeism. McHugh (2001: 55) also emphasizes that employees with a low motivation are often absent from work.

Lambert et al. (2005: 166) state that job satisfaction and organizational commitment influence employee absenteeism. Organizational commitment implies that the employee is loyal to the organization, identifies with the organization and its core values and has a desire to be meaningfully involved in the organization. Those employees that are committed to the organization will be working towards the success of the organization. Job satisfaction is the extent to which the employee likes his or her job. Absenteeism is a way then for the employee who is dissatisfied to escape from his or her job. Hence, organizational commitment and job satisfaction are predicted to have an inverse effect on employee absenteeism (Lambert et al, 2005: 166).

Sagie (1998: 156) too views absenteeism of an employee in a positive role. For a lowly committed and dissatisfied employee, absenteeism allows for that employee to avoid any negativity at work. On the other hand, employees who are highly motivated and satisfied with their jobs would have reduced withdrawal and absenteeism behaviour.

2.1.8 PHYSICAL ILLNESS

Nolan and Smojkis (2003) stress that nurses suffered from sickness absenteeism. Common ailments were flu, colds and musculo-skeletal problems. Nolan and Smojkis (2003) further stated that an increased workload or lack of social support for employees would cause their increased stress levels, resulting in absenteeism. McHugh (2001:45) stresses that absenteeism from work is an indication of the health and well-being of an employee. Likewise, Mahoney (1999: 27) emphasizes that nurse's deal with ill patients, whilst also coping with their own problems. They absent themselves when they are unable to cope any longer.

Savery and Luks (2001: 3) state that stress is a mental and physical condition, which affects an individual's productivity, effectiveness, personal health and the quality of the job undertaken. Stress can then be seen as a factor contributing to absenteeism.

Studies of sick leave reports in the year 2004, were conducted in three Finland Hospitals including Registered Nurses and Practical Nurses, as highlighted in Rauhala, Kivimaki, Fagerstrom, Elavainio, Virtanen, Vahtera, Rainio, Ojaniemi and Kinnunen (2006: 8). They deduced that workload exceeding the optimum by 15% or more, can increase the likelihood of sickness absence. Additionally, workload exceeding the optimum by 30% or more, increased the risk of self-certified sickness absence by 44%, and medically certified illness by 49%. Rauhala et al. (2006: 8) state that absence of staff for reasons of illness is a serious occupational problem, affecting productivity of work, and cost to health insurances. Essentially, increased workload brings about occupational related sicknesses among nurses, causing absenteeism.

The findings by Rauhala et al. (2006: 8) indicated a direct link between conditions in the physical work environment and absenteeism, similar to the Health Canada (2007) report. Health Canada (2007) indicated that a large percentage of workers are concerned with their immediate work place environment.

Stack (2000: 1) examined the effects of absenteeism in old age centres in Australia looking at reasons for nurse absenteeism. In their study, working conditions caused high absenteeism rates amongst staff. Nurses of all categories who worked in facilities that were short-staffed had to deal more with tiresome administrative work and had to nurse more patients. Exhaustion and illness amongst staff due to the work environment caused absenteeism.

Johnson, Croghan and Crawford (2003: 1) proposed that absence and ill-health rates for public sector employees were higher than compared to workers in private organizations. Absence attributed to sickness cannot be wholly eradicated, as disease and ill health cannot always be avoided. Absence owing to sickness affects employees and the employer has to accept that this is so. The main reason for absenteeism is ill health, but this does not always lead to the inability to work. The ability to work then, as Johnson et al. (2003) state, is hugely affected by the person's own perception about his or her capability to go to work.

Absence then can be seen as a personal decision based on the will and motivation of the individual to attend work.

Then again, from a practical and realistic perspective, Cullinan (2002) highlights that nursing staff are also affected by the HIV/AIDS pandemic. Absenteeism of staff is a huge problem as nurses are absent due to HIV/AIDS related illnesses, burnout due to the increased workloads and nursing sick relatives at home. Consequently, nurses are seen as suffering from depression and de-motivation. Being infected by HIV/AIDS, nurses tend to HIV/AIDS patients and are witness to the suffering and deaths of the infected patients. Staff realizes too that they will inevitably be in the same predicament as the ill patients. The problem of absenteeism in one semi-private hospital in Durban in particular, has spiraled so far out of control that staff who are affected by HIV/AIDS receive free anti-retroviral drugs to prevent absenteeism (Cullinan, 2002).

Similarly, Hesselius (2005: 289) states that the health of an individual influences absenteeism. Sick leave in particular is made use of by the employee, compensated by the employer or public pay system. This type of sick leave is taken to compensate for low wages or poor job conditions. Kipping (2000: 207) emphasizes that stress in nursing is a concern as it affects the physical and psychological health of the individual nurse. Stress results in financial losses to an organization as stress related illnesses and absence occur. The estimated cost to the United Kingdom is 7-8 billion pounds a year. Kipping (2000: 207) further maintains that stress on the individual nurse and the organization inevitably impacts on patient care. Absence of staff results in a lack of continuity of care.

Timmins and Kaliszer (2002: 10) stress that reasons for nurse absenteeism included social and family commitments, work related factors and personal stressors. Anxiety, too, was a negatively associated factor of the absence rate. Lavoie-Tremblay, Bourbonnais, Viens, Vezina, Durand and Rochette (2004: 2) assert that the workplace has an increased rate of absenteeism due to burnout suffered by employees.

Studies in Canada highlight a high level of dissatisfaction amongst nurses. These nurses, owing to organizational and structural problems, suffer physical illness and are absent from work. Buchan and Seccombe (1995: 12) endorse that absenteeism of employees can be attributed to domestic commitments, stress and workload. Schmitz, Neumann and Oppermann (2000: 95) state that the health care sector faces stressful conditions. Some of these stressful conditions for nurses include death of patients, frustrating ideals, noise pollution, interpersonal conflict and social conflict.

McNeely (2005: 292) too points out that nurses lead stressed lives and have little control over their work environment and circumstances. Workers face stress which leads to suffering of medical conditions, including hypertension and depression. The cause of workplace-incurred stress is staff shortages. McNeely (2005: 294) emphasizes further that staff shortages amidst a hectic workplace environment with ill patients, makes for a very stressful work environment.

2.1.9   OPPORTUNITIES OUTSIDE THE WORKPLACE

For this study, opportunities outside the workplace refer to paid positions that the nurse attends for extra income from a different institution than their primary job (the hospital in which they are being interviewed). According to the Concise Oxford Dictionary (1999: 924) 'moonlighting' is to do a second job, especially in secret and at night, in addition to one's regular employment.

According to the Public Services Commission Briefing (2004), a widespread investigation of remunerative work outside the public sector took place in the provincial health sector of the Gauteng Province. The findings of the investigation confirmed that there was widespread 'moonlighting' of staff, which caused undue absenteeism of staff. The reasons for moonlighting were the inadequate salaries received by staff, poor incentives, non-recognition by senior staff and working conditions at state hospitals. Fletcher (2001: 324) proposed that many issues affected RNs job satisfaction. RNs seemed to believe that they endured more stressors on the job, although they were under-paid and under- recognized.

Cullinan (2006) supports the fact that nurses are stressed at work whilst other nurses are 'moonlighting' for additional income at private institutions. For the most part, nurses are faced with financial setbacks and moonlight for extra income.

Huczynski and Fitzpatrick (1989) confirm that wages or premium rates influence whether staff absent themselves from work or not. If staff are dissatisfied with the wage they receive, they will seek additional employment outside the organization, absenting themselves from work to do so (Huczynski and Fitzpatrick, 1989).

This section focused on the literature review of nurse characteristics influencing absenteeism. These characteristics, such as marital status, age, gender, qualifications, health status, family responsibility, transport constraints, work commitment and other opportunities outside the workplace and income, impacts on absenteeism among nurses.

2.2 NURSE MANAGER CHARACTERISTICS

This discussion of Nurse Manager characteristics deals with an in-depth literature review of all the associated nurse manager characteristics and how these characteristics influence nurse absenteeism, as seen in Figure 2.2. According to the conceptual framework of Taunton et al. (1995: 218), adapted in Nyathi (2005: 10), nurse manager characteristics influencing absenteeism, includes the leadership style of the nurse manager.
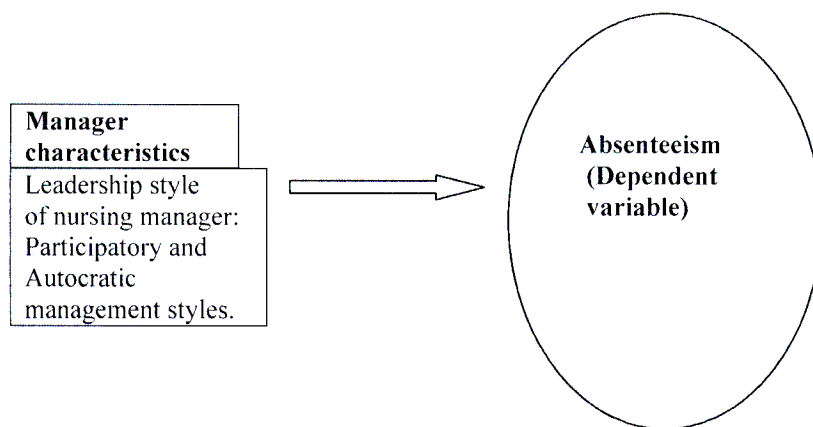
Figure 2.2: Nurse Manager Characteristics: Adapted in Conceptual Framework by Taunton, Hope, Woods, Bott (1995: 218).

2.2.1 NURSE MANAGER CHARACTERISTICS

In this study, a nurse manager is a senior nurse, in charge of a ward. The characteristics of nurse managers vary. A discussion of these characteristics follows.

Mathena (2002: 136) states that nurse managers are internal stakeholders in a hospital. They represent the employees and play a vital role in providing input and leadership for managing change, cultural integration, maintaining morale, retention of employees, performance and channeling of change in staff attitudes in the organizational structure.

Yorges (2008) further states that in most organizations, it is the primary role of supervisors of employees to manage absenteeism. Essentially, it is the supervisor who is aware of the individual's absenteeism rate. Being in position to deal with the employee's absence, the supervisor can help ensure the success of an organization by implementing an absenteeism policy.

The two leadership styles that this section discusses are autocratic leadership and participatory leadership.

2.2.2 LEADERSHIP STYLE OF THE NURSE MANAGER

The independent variable of nurse manager characteristics has an association with the leadership style of the nursing manager. Booyens (1998: 423) states that a leader practises autocratic leadership when he or she gives direct orders and does not listen to employees' suggestions. Employees are then found to be unenthusiastic about work, which influences absenteeism from work.

2.2.2.1 AUTOCRATIC LEADERSHIP STYLE

As Bamford, Klein and Engelbrecht (2000: 1) indicate, managers who adopt a leadership, which offers a poor support system, frustrate staff, causing staff to be unable to work with the nurse manager. Problems, which are not sufficiently handled by the manager, result in low morale amongst staff, thus causing absenteeism.

In a similar vein, Almost (2005: 6) stresses that managers' ignoring nurses' concerns and a lack of input in decision-making are seen as a sign of disrespect to nurses'. A lack of social support and guidance then, according to Bennett (2002: 6) leads to staff absenteeism. However, Van Dierendonck (2002: 6) is of the opinion that if an employee receives constant coaching and guidance by a supervisor, that employee is likely to have higher rates of short-term absenteeism.

Reason being is that the constant attention given to the employee by the supervisor makes them feel unintelligent in their jobs, as compared to reduced absenteeism in employee's who do not receive constant coaching.

Then again, Sullivan, Bretschneider and McCausland (2003: 544) reveal that nurse managers play an important role in contributing to quality of patient care, patient safety, nurse recruitment and retention.

Booyens (1998: 270) adds that any negative feedback or criticism by the nurse manager, leads to withdrawal or absenteeism behaviour by nurses. Similarly, Bennett (2002: 6) too adds that a lack of trust and respect by a nurse manager, impacts negatively on absenteeism of staff.

2.2.2.2 PARTICIPATORY LEADERSHIP STYLE

Booyens (2002: 134) states that in participatory management, on the other hand, the supervisor facilitates rather than directs the workforce, with increased interpersonal skills and conceptual abilities by the supervisor. In participative management the manager practices management by objectives.

Hayes, O' Brien Pallas, Duffield, Shamian, Buchan, Hughes, Laschinger, North and Stone (2006: 241) claim that participative management styles by managers enhance job satisfaction. Therefore, supervision by managers with shared governance increased job satisfaction. Furthermore the nurse managers' use of position power and influence over work co-ordination had a direct link to employees' satisfaction in their jobs. Absenteeism therefore was more prevalent where there was lowered job satisfaction, according to Hayes et al. (2006: 241).

Iverson, Olekalns and Erwin (1998: 4) also pointed out that supervisory support could decrease emotional exhaustion and absenteeism of staff. Like wise, Sellgren, Ekvall and Tomson (2007: 170) state that the Nurse Manager is integral to an organization. For this reason, organizations should recruit highly trained and competent nurse managers.

Nurse Managers should adopt a transformational and supportive leadership style. In doing so, staff are stimulated mentally and develop creative thinking. This leads to psychological empowerment increasing job satisfaction. By staff experiencing job satisfaction, they feel secure and joy in their jobs, reducing staff turnover and an intention to leave their workplaces according to Sellgren, Ekvall and Tomson (2007: 179)..

Bakker, Demerouti and Euwema (2005: 172) similarly agree that a good relationship with one's supervisor can help alleviate the influence of job demands. These include work overload, emotional and physical demands, home and family stressors as well. The supervisor can express appreciation and support to employees, which decreases any job stress, coping with job demands and performing optimally at work. By giving constructive feedback allows for effective communication and permits employees to effectively do their work.

This section focused on nurse manager characteristics influencing absenteeism. The discussion focused on the leadership style of the nurse manager. The two leadership styles discussed were the autocratic and the participatory leadership styles.

2.3) WORK CHARACTERISTICS

This section deals with an in-depth literature review of all the associated work characteristics and how these characteristics cause nurse absenteeism, as seen in Figure 2.3. According to the conceptual framework of Taunton et al. (1995: 218), adapted in Nyathi (2005: 10), work characteristics influence absenteeism. These characteristics include autonomy, routine work and group cohesion.
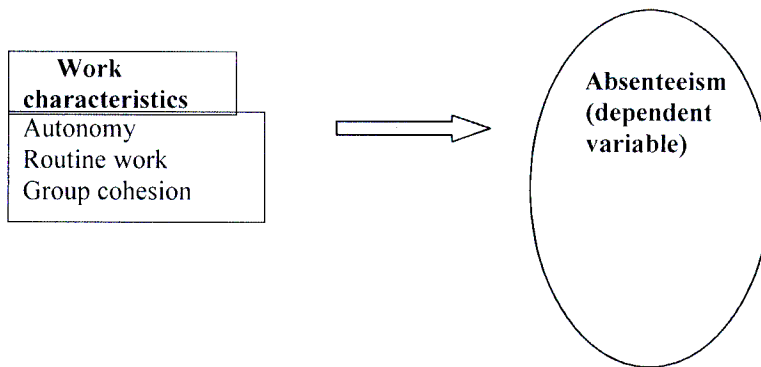
Figure 2.3: Work Characteristics: Adapted from the Conceptual Framework of: Taunton, Hope, Woods and Bott (1995: 218).

2.3.1 WORK CHARACTERISTICS

According to the Concise Edition English Dictionary (2005: 368) work is employment or the product of work. In this study, 'work characteristics', refers to the work environment of nurses.

Bakker, Demerouti, de Boer and Schaufeli (2003: 342) state that employees want to avoid poor working conditions by being absent from work. Essentially there is a failure of the employee to cope with the job demands. Stressors at work could cause psychological reactions such as tension, anxiety and fatigue by the employee. The work place stressors faced by the employee are attributed to the workload and monotony of the job, causing absenteeism according to Bakker et al. (2003: 342). Therefore on a similar note, Bamford et al. (2000: 1) state that work characteristics contribute to employee absenteeism.

2.3.2 AUTONOMY

Porter O'Grady (2001: 100) states that autonomy signifies good leadership and creates a supportive practice environment at work. Autonomy is a vehicle that leads to opportunities such as decision-making, relationship and value. Similarly, Huber (2000: 39) defines autonomy as authority and accountability for decisions and activities undertaken by the individual concerned.

Associated with autonomy is self-efficacy, which Punnett, Greenidge and Ramsey (2007: 216) state self-efficacy is the degree to which people feel they are able to achieve what they want to in an organization. Punnett et al. (2007: 216) state that employees who express self-efficacy are reluctant to be absent from work. Similarly, Bakker et al. (2005: 172) state that job autonomy is crucial for an employee in an organization. Job autonomy allows for workers to independently carry out an activity and decision latitude concerning ones work pace. From a managerial perspective McHugh (2001:44) however states, absenteeism indicates some form of organizational misbehaviour, suggesting hostility by the employee towards the organization. Factors influencing employee motivation to attend work include autonomy, responsibility, job satisfaction and organizational commitment as perceived by the employee. Finding out which factors cause nurse absenteeism, is what management should address (McHugh, 2001: 44).

In an effort to list the causal factors of absenteeism, Iverson, Olekalns and Erwin (1998: 3) state that an employee can be absent due to those aspects of the work environment. dos Reis et al. (2003: 1).emphasize that long hours of work, shift work and issues of autonomy affect absenteeism rates.

Bennett (2002: 2) too emphasizes that nurses who are not given opportunities to act according to their own initiative lack motivation. These nurses perceive their work as boring and often have a low morale at work. The result is that these nurses are often absent from work.

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2.3.3 GROUP COHESION

Booyens (1998: 241) defines group cohesion as group strength, holding the members of a group together.

Sanders (2004: 2) state that intra-group literature shows that differences between perceptions, attitudes and opinions within a group, are a main source of group conflict, causing absenteeism of employees. Sanders (2004: 2) further states that there is evidence to support that there is a relationship between group norms in a team of employees and absenteeism. Essentially, the more employees share a strong team work ethic, the more likely there is to be a reduced level of absenteeism.

Similarly, Ose (2004: 3) draws attention to a direct link between job satisfaction and work group cohesion. Ose (2004: 3) stipulates that if there is work group cohesion in a work environment, there is low employee absenteeism, as job satisfaction is high.

In discussing work group cohesion, Eriksen, Bruusgaard and Knardahl (2002: 2) state that work related factors that contributed to illness absenteeism included psychological and physiological factors. For example, nurses working with psychiatric patients may become psychologically ill and unable to cope, influencing absenteeism. Work support was also identified as contributing to nurse absenteeism when managers do not give their staff much morale or emotional support, leaving nurses feeling dejected.

Van Der Westhuizen (2006: 21) states that employees are absent for various reasons. Management of an organization has to solve the problems causing absenteeism. Here, the managers view absence as a dysfunctional behavior and only "bad employees" stay away from work. From the perspective of the employee, absence is caused through a hostile work environment. Employees are dissatisfied with a hostile work environment and unequal treatment endured.

Highlighting a hostile work environment, Almost (2005: 1) conflict amongst nurses does occur in the hospital work environment. Conflict is inevitable in the nursing work environment owing to differences in goals, needs, desires, responsibilities and ideas. Continued conflict between employees negatively affects the physical and psychological state of an employee. This results in increased turnover and absenteeism of staff negatively (Almost, 2005: 1).

On a positive note, Punnett et al. (2007: 1) found that employee dedication, loyalty to the organization and commitment all relate to job satisfaction and absenteeism. When employees feel loyal and committed to the organization, they feel responsible to the organization as a whole. Such employees would not want to be absent from work unnecessarily.

2.3.4 ROUTINE WORK

The Concise Edition English Dictionary (2005: 285) defines "routine" as a procedure that is regular. In the context of routine work, Bamford et al. (2000: 1) state that a lack of workplace systems, policies and procedures are serious shortcomings. Inevitably staff are bored with their work or just unhappy with management. Consequently there are high levels of absenteeism, and employees' indicate that there are underlying problems in the organization. For this reason management has the responsibility to balance the needs and rights of the employee, with the needs of the hospital.

Johnson and Indvik (1997: 2) state that an unclear job description is a source of job stress to employees. Staff is dissatisfied with monotonous job tasks. Additionally, staff delegated responsibility to a certain job with no decision-making authority, feel discontented and are absent from work. Johnson and Indvik (1997: 2) state that in trying to complete delegated tasks against deadlines, cause much frustration leading to absenteeism of staff, when tasks are not complete.

Nyathi (2005: 29) emphasized that where employees did monotonous work, it led to under-utilization of staff skills. Employees eventually found the job boring and were often absent from work.

Causing role ambiguity and work monotony, Booyens (1998: 228) cites is an unclear job description and performance expectations. Gupta (2000) stressed that job related problems included the employee not matching the job description of the job, either being under-or over-skilled for the job. This resulted in frustration for the employee, having to face much job dissatisfaction. When an employee completed a stint of night duty, that employee absented him or herself from work, when he or she had to report back to duty on the first day of a new shift work cycle (Gupta, 2000).

This section focused on work characteristics influencing absenteeism. Work characteristics include autonomy, group cohesion and routine work.

2.4 ORGANIZATION CHARACTERISTICS

This section deals with an in-depth literature review of all the associated organization characteristics and how these characteristics cause nurse absenteeism, as seen in Figure 2.4. According to the conceptual framework of Taunton et al. (1995: 218), adapted in Nyathi (2005: 10), organization characteristics influence absenteeism. These characteristics include facilities, manpower, career development, absence policy, promotion opportunities, incentives and decentralization.

Organizational characteristics

Facilities, manpower
Career development
Absence policy
Promotion opportunities
Incentives,
Decentralization

Absenteeism (dependent variable)
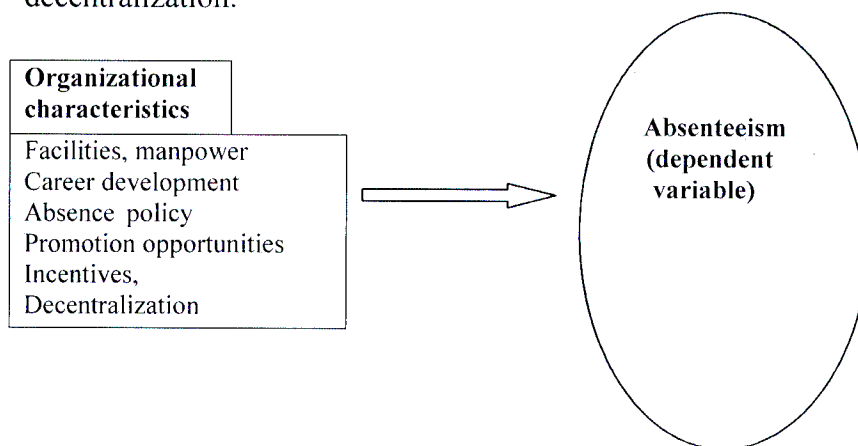
Figure 2.4: Organization Characteristics: Adapted in the Conceptual Framework by Taunton, Hope, Woods, Bott (1995: 218).

2.4.1 ORGANIZATIONAL CHARACTERISTICS

In this study, organizational characteristics refer to the hospital management team and the structure which nurses are involved in. Booyens (2002: 185) defines an organization as the grouping of activities for the purpose of achieving objectives or goals.

2.4.2 FACILITIES

Ose (2004: 1) stresses that the work environment has an overbearing effect on employee absenteeism. Physical aspects such as noise, lighting and general surroundings of the work place, affect the health of the employee.

This is clear because an improvement in the work environment, leads to a lowered absenteeism rate. Amble (2005) too agrees that stress incurred at work is due to poor working conditions and long hours, to name two issues. Similarly, Booyens (1998: 355) explains that absenteeism from work can be attributed to unsatisfactory conditions at work.

Bamford et al. (2000: 1) state that employees thrive on social relations. An unpleasant working environment with employees feeling bored, or poor conditions such as bad lighting or other physical conditions, influence whether the individuals absent themselves from work or not. Sveinsdottir, Biering and Ramel (2005: 876) make clear that working conditions are very strenuous at hospitals. An increased workload coupled with increased job dissatisfaction owing to unsatisfactory working conditions for nurses gives rise to concern.

2.4.3   MANPOWER

Ose (2004: 2) reasons that absence in the organization can be attributed to performing monotonous or strenuous work, increasing long-term absence. A person maybe exhausted from performing physically strenuous tasks, causing him or her to be absent from work.

Neisner and Raymond (2002) stress that the nursing shortage is a grave problem. Patient care is affected with fewer staff to care appropriately for patients, results in job dissatisfaction. Agreeing, Buchan and Seccombe (1995: 3) emphasize that nurse absenteeism impacts negatively in the organization. Essentially, there is an inadequate staffing level to care for patients. Nurse absenteeism is costly to the organization as there is reduced productivity, existing staff have an incredible workload to handle and additional staff is needed to cover for a short staffed work force and relief staff needs to be monitored by the few permanent staff on duty.

Health Canada (2004) reports that nurses in Canadian hospitals who do report for duty are left overworked and strained owing to the heavy workloads endured, due to the shortage of staff and further compounded by high absenteeism rates of nurses.

Health Canada (2004) stressed that as the system of nursing collapses, so does the entire organization, highlighting the fundamental need for nurses in an organization. Patients suffer at the hands of inexperienced and a short-staffed workforce, threatening the quality of patient care. Nurses', perform non-nursing duties not contributing to patient care. These duties may include administration and paperwork which is a ward clerk's duty, serving patient meals, booking beds for theatre, ordering equipment and supplies. Then again, ancillary needs have to be carried out and with a shortage of staff, nurses have to comply. Nurses also face much verbal abuse from patients, families and the organization, compounded further by their lowered job scope, to a point of reduced self respect for themselves and their work. Nurses are therefore dissatisfied, have a low self-esteem and are increasingly absent from work (Health Canada, 2004).

Those nurses, who report for duty, encounter increased patient admissions, deal with complex patient procedures and an increased workload. This work pressure leads to reduced employee satisfaction and morale contributing to the high absenteeism rate of employees (Health Canada, 2004).

In the South African context, Cullinan (2006) states that hospitals in KwaZulu-Natal face a huge strain because of the HIV/AIDS epidemic, affecting patients. Patients are dying futilely due to hospitals being under-staffed, over-burdened and poorly managed. Patients affected by AIDS demand are very sick and need specialized treatment and care compared to other patients. Cullinan (2006) emphasizes that compounding to increased patient loads is the drastic shortage of skilled nurses. The large patient numbers adversely affect provincial hospitals, as there is a shortage of nursing staff. Existing nurses face huge workloads and deal with the increased patient deaths. This results in tremendous stress for a short-staffed workforce causing nurse absenteeism. One provincial hospital too in particular, reported facing a dire absenteeism problem (Cullinan, 2006).

Cullinan (2006) affirms that public hospitals, in a state of turmoil due to the vast majority of the population having no medical aid system.

Patients are therefore dependent on provincial hospitals. Most patients do not get the care they need due to a massive national shortage of skilled nurses. This shortage of skilled nurses can be another reason underlying the high rate of absenteeism owing to the increased workloads of individual nurses (Cullinan, 2006).

Bakker, Demerouti and Euwema (2005: 2) stated that a job where there is a high job demand and low resources results in burnout. Job resources, according to Bakker, Demerouti and Euwema (2005: 1) refer to the physical, social and psychological aspects of a job. Typically high job demands and low job resources create much exhaustion and absenteeism (Bakker, Demerouti and Euwema, 2005: 8).

2.4.4   CAREER DEVELOPMENT

Bennett (2002: 7) stresses that a lack of career development opportunities in the workplace also leads to absenteeism of employees. Shader, Broome, Broome, West and Nash (2001: 215) agree too that the lack of career development opportunities for employees causes them to be absent.

In an opposing view, Erikson et al. (2000: 250) found that there is no direct link between career development and absenteeism of staff. However, at grass root level of student nurses, Timmins and Kaliszer (2002: 10) indicate that student nurses who expressed much dissatisfaction at work showed increased rates of absenteeism. Their studies indicated that the dissatisfaction and absenteeism of student nurses was due to a lack of personal recognition, a lack of achievement, recognition and opportunities in the workplace at the workplace.

2.4.5   ABSENCE POLICY

Wentworth (2003: 1) states that an absence policy is an important cornerstone of human resources policy. All employees at some juncture will need some time away from work. Absence policies guide employees from the instant they are unable to work due to medical conditions or personal issues.

Johnson, Croghon and Crawford (2003: 3) state that an absence policy is aimed only at controlling employee absenteeism. These policies need to be carefully organized and controlled as they may otherwise undermine the employee's sense of commitment. Policies are generally designed to encourage attendance at work and may include offering rewards such as a bonus for good attendance, dependent on a specific number of absences. Some employees may decide to take these days off, regarding them as part of nurse's contract, regardless of the individual's state of health. Such policy implementation must thus be very carefully managed. McHugh (2001: 53) states that absenteeism can be due to a lack of emphasis, which is placed on the absence management policy in an organization by the manager.

Bushman (2007) states that a manager should be consistent in the administration of rules and policies in an organization. Employees should be kept up to date with issues in the organization and should be well informed about any changes in the organization.

2.4.6 PROMOTIONAL OPPORTUNITIES

The Concise Edition English Dictionary (2005: 258) defines promotion as an elevation in position.

Nyathi (2005: 32) shows that a lack of recognition towards employees in terms of promotional opportunities in the workplace can lead to much dissatisfaction among employees. This dissatisfaction may lead to absence from work. Taunton et al. (1995: 223) state that absenteeism of employees in organizations where promotional opportunities are fair is lower than in an organization where promotional opportunities are unfair. Similarly, Prelip (2001: 29), adapted in Nyathi (2005: 32) highlights that a lack of recognition towards employees in terms of promotional opportunities in the workplace, can lead to much dismay of employees. Employees experience a sense of dissatisfaction and are absent from work.

2.4.7 INCENTIVES

According to The Concise Oxford Dictionary (1999: 716) incentives refers to a thing that motivate or encourages someone to do something.

Arai and Thoursie (2003: 270) state that absenteeism of workers can be attributed to poor incentives. Similarly, Takaki, Nakao, Nishikitani and Yano (2006: 62) state that when employees perceive that the effort they make to perform their jobs gets little reward, it is very detrimental to them and leads to much emotional distress. Takaki et al. (2006: 62) further state that rewards effectively refers to financial remuneration, career opportunities and esteem. In an effort to describe a lack of incentives to employees, Shader et al. (2001: 211) state that employees working on weekends or extra shifts suffer lowered morale, affecting productivity, causing absenteeism.

Camp and Lambert (2005: 3) mention that organizations suffer financial problems, through high levels of absenteeism among employees. The employee may use absenteeism as a way of getting back at the organization because of low wages, poor working environment and other attributes of the job with which the employee is dissatisfied. There needs to be management of employee absenteeism in the organization. Camp and Lambert (2005: 7) stress that organizations can curb absenteeism by adhering to a system of rewards or incentives given to employees, as a lack of incentives can cause absenteeism.

Savery and Luks (2001: 8) stress that organizations that do not take up strategies to lessen stress of employees, find that employees look elsewhere for better opportunities. Hence, empowerment which means sharing with employees, improves employees' performance and helps employees attain their own goals. In essence, the organization, which creates an environment where employees gain authority and personal achievement, will have a decreased employee absenteeism rate.

2.4.8   DECENTRALIZATION

Huber (2000: 498) states that decentralization allows for the employees in all ranks of an organization, to make decisions. However, Nyathi (2005: 31) states that nurses find it difficult to make organizational decisions, in organizations of middle and lower level management. Nurses absent themselves from work avoiding delegated responsibility. Lambert et al. (2005: 166) state that personal work involvement and attachment to the organization (a type of organization commitment), attendance motivation, predicted an employee's absenteeism behaviour. Furthermore, job satisfaction, organizational commitment, job involvement and organizational permissiveness, influence employee absenteeism.

This section focused on organization characteristics influencing absenteeism. These characteristics include facilities, manpower, career development, absence policy, promotion opportunities, incentives and decentralization.

2.4.9   CONCLUSION

The above literature review highlights all the relevant aspects of the conceptual framework of Predictors of Nurse Absenteeism by Taunton et al. (1995: 218). The conceptual framework describes all the independent variables and their associated characteristics. Nurse characteristics such as marital status, age and gender, qualifications, health status, family responsibility, transport problems, work commitment, opportunities outside the workplace and income, may cause nurse absenteeism. Nurse Manager characteristics of the leadership style of nurse manager may also influence nurse absenteeism. Organizational characteristics such as decentralization, selected absence policy, promotion, incentive and manpower may cause nurse absenteeism and work characteristics such as autonomy and group cohesion may also play a role in nurse absenteeism. This conceptual framework will be utilized in this study of nurse absenteeism, highlighting the independent variables of nurse, manager, work and organization variables with their associated characteristics, which causes the dependent variable of nurse absenteeism.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

This section focuses on the study research design and methodology.. This section further discusses the target population of the hospital and nurses, ethical clearances; the study questionnaire; methods utilized for data collection and data analysis that comprised the study.

3.1   RESEARCH DESIGN

A design according to Couchman and Dawson (1990: 19) reflects the decisions to be made in a study. This allows for the process of answering questions or testing hypothesis in a study.

3.1.1   QUANTITATIVE RESEARCH DESIGN

This study research design is a quantitative, non-experimental, simple survey. Cooper and Schindler (2006: 198) assert that a quantitative design, allows the researcher to use techniques that measure precisely the variable under study.

3.1.2   QUANTITATIVE NON-EXPERIMENTAL SIMPLE SURVEY

Being a non-experimental study, meant that there was no manipulation of the independent variables. Brink (2000: 108) affirms, there is no manipulation of the independent variable in non-experimental research, nor is the setting controlled. The study is done in a natural setting and phenomena are observed as they occur, with phenomena explored and relationships between variables explained.

This study included a simple survey, which was the open-ended section of the questionnaire that participants answered. A survey is part of the quantitative research design as Brink (2000: 109) highlights and the simple survey is one type of a survey.

The simple survey then according to Brink (2000: 109) is a questionnaire, allowing for participants to describe accurately the characteristics of a particular subject, where data collection and information gathering can be elicited.

3.2 RESEARCH SETTING

This research study took place in a provincial hospital in Durban, KwaZulu-Natal. For purposes of confidentiality, the hospital will be referred to as Hospital X in the study. The management of Hospital X accepted the researcher's proposal to conduct the study amongst the target population of RNs, ENs, and ENAs in the hospital.

3.3 ETHICAL CLEARANCE

The researcher sought ethical clearances from relevant institutions for the study to proceed. This section focuses on the protocol preceding the study being conducted at Hospital X. Ethical clearance and permission to conduct the study was sought from:

- **The University of KwaZulu-Natal.**

- **The Ethics Committee at the Nelson R. Mandela Medical School**
The study was given ethical clearance and permission was granted to conduct the study on the 4th September 2006. The letter of permission is under Appendix C of the research study.

- **The Department of Health:**
A letter asking permission to conduct the study was sent to the Department of Health by the researcher (Appendix D). The study was given ethical clearance and permission was granted to conduct the study at any hospital that granted permission to conduct the research (Appendix E).

- **Hospital X**

The letter requesting permission to conduct the study at Hospital X is included at Appendix F.

3.3.1 ETHICAL CONSIDERATION IN THE STUDY

Participants agreed in writing to the terms of the study and agreed to answer the questionnaire. Participants' consent was shown by a signature to the terms of the study. The questionnaire stated that all information provided by respondents was confidential and that the findings of the study would allow for a better-managed hospital if there any defects were found. The participants had the right to remain anonymous and were not compelled to complete the questionnaire if they did not want to. For further queries concerning any of the questions, respondents were given the option to contact the research supervisor or the researcher. The consent form also had an IsiZulu and English version of the study terms and conditions.

Appendix A set out the ethical considerations of the research, including the consent, terms and conditions of the study. Couchman and Dawson (1990: 126) define ethics as relating to morals, treating of moral questions, endorsing morally correct and honorable behaviour.

3.4 RESEARCH METHODOLOGY

3.4.1 POPULATION

Population, as defined by Blaikie (2000: 198) is an aggregate of all units or cases that conform to a certain designated set of criteria, which is the target population or sampling frame. This section focuses on the hospital and nurse population of Hospital X. For the purposes of this study, Registered Nurses (RNs), Enrolled Nurses (ENs) and Enrolled Nursing Auxillaries (ENAs), on day and night duty, comprised the target population of this study. This spread of population allowed for a variety in skills mix and decreased the level of response bias.

3.4.2 HOSPITAL POPULATION

Hospital X, one of the two provincial hospitals that consented to the study, was chosen as the sample population using a sampling strategy of a fish bowl technique. The fish bowl technique, according to Brink (2000: 136), includes names written on a piece of paper, placed into a bowl and a predetermined number is then randomly selected.

3.4.3 NURSE POPULATION

The nurse population of Hospital X was obtained from the Human Resources Department of the hospital.

In total, there were two chief matrons (2), nine zonal matrons (9), two hundred and thirty three RNs (233), one hundred and forty two ENs (142) and one hundred and twenty one ENAs (121) in the hospital.

3.4.4 SAMPLE

Blaikie (2000: 198) asserts that a sample is a selection of elements from a population. A sample is used to make statements about the whole population. This section focuses on how the hospital and nurse sample population for Hospital X for the study was chosen.

3.4.5 HOSPITAL SAMPLE

Six private and six provincial hospitals in the Durban vicinity were sent information on the nature and type of study, a letter of ethical clearance by the University of KwaZulu-Natal and a copy of the questionnaire in order to obtain permission to include them in the study. These hospitals were randomly selected from the 36 hospitals in the eThekwini Health District in Durban. Hospital X, one of the two provincial hospitals that consented to the study, was eventually chosen as the sample population using a fish bowl technique.

3.4.6   NURSE SAMPLE

Hospital X employed two hundred and thirty three RNs (233), one hundred and forty two ENs (142) and one hundred and twenty one ENAs (121) in the hospital. For the sample population, only twenty RNs (n =20, 8.58% of the total), twenty ENs (n =20, 14.08% of the total) and twenty ENAs (n =20, 16.52% in total) were approached to participate in the study. The exact constitution was ten RNs each day and night shifts, ten ENs each on day and night shifts and ten ENAs each on day and night shifts. Selecting a sample population of twenty nurses in each nurse category allowed for lack of biasness in the population representation for the study.

The sample strategy chosen for selecting nurses for the study was a both a stratified and convenience sample. Stratified sampling, according to Brink (2000: 138), is when the population is divided into subgroups according to some variable. Each element of the study belongs to one stratum only, according to Brink (2000: 138). Brink (2000: 140) further states that convenience sampling is the selection of the most readily available people or objects for a study. In this study, RNs, ENs and ENAs, from day and night shifts were placed in separate nurse categories. Furthermore, nurses who were keen to participate in the study, completed the questionnaire, making it a convenience sample.

3.5   DATA COLLECTION

Burns and Groves (1993: 766), as adapted in Nyathi (2005: 41), state that data collection is a precise and systematic method of gathering information which is relevant to the research purpose or which addresses the research objectives. Data was collected by means of questionnaire.

3.6   QUESTIONNAIRE

Brink (2000: 153) states that a questionnaire is an effective method allowing for specific questions to be asked of participants. This method of obtaining information from the sample population is known as a self-report technique.

A questionnaire is a self-report instrument where nurses write their answers according to the options that suit them (Brink, 2000: 153). Nurses in this study, were given questionnaires to complete. A complete copy of the questionnaire is in Appendix A. This study questionnaire begins with a participant consent form. This was in IsiZulu and English completed by the participant. The questionnaire was divided into six sections. Section A included biographic details of the participant, including the age and professional category of each. Sections B, C, D, and E covered each separate aspect of the independent variables with their associated characteristics, which were the nurse, nurse manager, work and organization questions, whereby questions were constructed in accordance with the conceptual framework of Taunton et al. (1995: 225). Section F was the simple survey and consisted of four open-ended questions separately, of the nurse, nurse manager, work and organization.

Section B entailed questions about Nurse Characteristics. There were seven questions under this section. They focused on health, finance, family responsibility, transport, stress and psychosocial aspects of nurses, which might cause nurse absenteeism.

Section C focused on Nurse Manager characteristics. There were seven questions focusing on the decision making, interaction with nurses, encouragement, conflict resolution, delegation of duties, procedural conduct, and feedback by the nurse manager to nurses, any of which might cause nurse absenteeism.

Section D focused on Work characteristics. There were eight questions focusing on routine work, skill utilization, work environment, rotation of staff, workload, job description, off-duty scheduling and hours of work, any of which might cause nurse absenteeism.

Section E focused on Organization characteristics. There were nine questions focusing on promotions, staff shortages, work conditions, health and safety protocols, disciplinary procedures and training and development of staff and incentives systems that may cause nurse absenteeism.

Section F was an open-ended section. These were questions about the Nurse, Nurse Manager, Work and Organization characteristics. They formed part of the simple survey, allowing participants to expand or comment on any additional reasons for nurse absenteeism. Extra reasons for nurse absenteeism could be derived from participants' answers to the open-ended section.

3.6.1 QUANTITATIVE QUESTIONS

Black (1999: 215) maintains that quantitative questions aim to be operational in nature, reflecting the strength of attitudes. Answers to these questions can be quantified and measured. Questionnaires have to be clear, understandable and may not contain ambiguities. The wording of questions and statements in a questionnaire contributes to its validity. The principles of Black (1999: 226) were adhered to in construction of the questionnaire. Black (1999: 226) states that guiding principles for a questionnaire are:

1) The questionnaire must be comprehensive in its coverage of contributing factors for the phenomenon to be measured. All questions should address the conceptual framework's independent variable characteristics. The questionnaire of this study focused on all aspects of the conceptual framework. These aspects were seen as contributing factors to nurse absenteeism. Participants had either to agree or disagree.

2) Subjects should understand the questions or statements. Whilst nurses completed the questionnaire, the researcher was available for clarity on any questions not fully understood.

3) The terms used in the questionnaire should be explicit: Accordingly, the researcher used clear, concise words and it was not difficult to understand the direction of questions.

(Black, 1999: 226).

3.6.2 ADVANTAGES AND DISADVANTAGES OF THE QUESTIONNAIRE AS A MEANS OF DATA COLLECTION

This section focuses on the advantages and disadvantages of a questionnaire as a choice of data collection instrument.

3.6.2 a) ADVANTAGES

Brink (2000: 153) highlights that a questionnaire has the following advantages:

- Questionnaires are a quick way of getting data from a large group of participants in a study. Sixty participants completed the questions in this study, with a one hundred percent response rate on the closed-ended questions.

- Questionnaires are inexpensive in terms of time and money. The researcher, for this study was able to distribute and collect the questionnaires from participants, which did not impact on constraints such as time and money.

- Questionnaires are easy instruments for reliability and validity: The reliability and validity was achieved in this study and is discussed under section 3.9.

- Participants feel a greater sense of anonymity and are honest in their response. Participants in this study answered the questionnaires according to their interpretation of the question, with no interference from the researcher. They were assured of anonymity in the study by the researcher and the conditions of the study.

- The format of the questionnaire is standard. This study questionnaire set thirty closed-ended questions and four open-ended questions, which were appropriate for the participants to answer.

Brink (2000: 153).

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3.6.2 b) DISADVANTAGES

Brink (2000: 153) also points disadvantages of a questionnaire:

- Mailing of questionnaires is expensive. This study enabled for the researcher to deliver questionnaires personally to participants and collect them immediately after completion.

- Response rate may be low. There was a hundred percent rate for the thirty closed-ended questions from all sixty participants. The four open-ended questions allowed for an acceptable level of data findings from which conclusions could be appropriately deduced.

- Respondents may provide socially acceptable answers. The data findings from the study indicated the strengths or weaknesses of any independent variable causing absenteeism. Participants were honest in answering the questions.

- Participants may fail to answer questions. In this study sixty participants answered all thirty closed-ended questions, however, participants never complete the open-ended sections to a hundred response rate.

- There maybe no opportunity to clarify any items that may cause misunderstanding in participants. The researcher in this study was with each participant who completed the questionnaire.

- Participants may be illiterate. This was not the case as all nurses approached were appropriately educated and literate in either English or IsiZulu.

- The subjects that answer might not be representative of the population. The RNs, ENs and ENAs who participated in this study, were representative of all the nursing population in Hospital X.

Brink (2000: 153).

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As indicated, the advantages of the questionnaires outweighed the disadvantages. Thus the questionnaire was effective in data collection from participants.

3.7 CLOSED AND OPEN-ENDED QUESTIONS IN THE QUESTIONNAIRE

Bickman and Rog (1998: 482) point out that a closed-ended question is used to quantify a behaviour pattern under study. Brink (2000: 212) emphasizes that open-ended questions allow participants to answer a question in their own words.

Section 3.6 and 3.7 focused on the questionnaire and the two types of questions, that is, open and closed-ended questions. A discussion of the questions reveals that the use of the two types of questions proved worthwhile in the study, as possible reasons causing absenteeism were uncovered by data analysis.

3.8 DATA COLLECTION PROCESS

The questionnaire was first distributed on 29th May 2007 to thirty nurses. Data was collected from five RNs each on day and night duty; five ENs each on day and night duty; five ENAs each on day and night duty. The questionnaire was re-sampled again to four RNs each on day and night duty; four ENs each on day and night duty; four ENAs each on day and night duty on the14[th] June 2007. On the 17th June 2007 an RN each on day and night duty; an EN each on day and night duty; an ENA each on day and night duty were distributed questionnaires. Altogether sixty nurses were approached to complete the questionnaire for the study.

3.8.1 DATA COLLECTION RE-SAMPLING - 14th AND 17th JUNE 2007

A poor response rate for the open-ended section F, simple survey, was received from data collected on the 29th May 2007. This could be attributed to the fact that there was a nation wide strike affecting health workers of public hospitals. The hospital was short staffed and staff although accommodating and obligingly attempted to answer the questionnaire.

Therefore, thirty more in total nurses were approached on the dates of the 14th and 17th June 2007 with permission granted by the chief matron of Hospital X and the research supervisor. Although, there was still not a hundred percent response rate from the second group of thirty nurses, on the open-ended section F, the data collected, did provide more answers to the open-ended section. This could be due to the fact that the strike was over and nurses returned to work with the ratio of nursing staff to patients normalized. Nurses, therefore, attempted to answer the entire questionnaire, at ease.

3.9   QUANTITATIVE VALIDITY AND RELIABILTY

According to Reaves (1992: 49) reliability means repeatability for consistency. No measurement is totally reliable but obtaining similar results means that the measurement is reliable. A measurement has a high reliability if it gives the same result every time the same priority is measured. The questionnaire used in this study proved to be reliable in generating consistent results from data analysis.

The questionnaire was adapted but modified allowing for authenticity, from Nyathi's (2005) study. Nyathi (2005: 47) applied Chronbach alpha as a method of testing the reliability of the questionnaire results. Results produced in this study after data analysis, proved to be as reliable as Nyathi's (2005:47) study instrument proved to be reliable.

3.9.1   QUANTITATIVE VALIDITY

Reaves (1992: 80) states that a measurement has validity when it reflects the construct it was intended to measure. The supervisor, along with the researcher, had reviewed the questionnaire, alongside the conceptual framework of Taunton et al. (1995: 218) and its associated characteristics. Quantitative validity standards had thus been met.Reaves (1992: 80) indicates that in checking for validity there are several kinds of validity. Face validity and content validity were used in this study and in reference to the development of the questionnaire.

1) Face Validity

Reaves (1992: 81) states that by looking at something, validity can be established. Brink (2000: 168) states that face validity means that the instrument appears to measure what it is supposed to measure. This procedure is useful in the process of developing the instrument. The questionnaire addressed all the independent and dependent variable as highlighted in the conceptual framework of Taunton et al. (1995: 218).

2) Content Validity

Brink (2000: 168) states that content validity is assessment of how well the instrument represents all the various components of the variable to be measured. The content of the questionnaire addressed all of the aspects of the independent variables and their associated characteristics, as seen in the conceptual framework of Taunton et al. (1995: 218). Content validity of the instrument was thus achieved as it asked what it was supposed to as reflected in the conceptual framework.

3.10 DATA ANALYSIS

This section focuses on the data analysis used in this research study. Data, Blaikie (2003: 15) states is regarded as which the researcher collects and analyzes to arrive at research conclusions.

3.10.1 ONE LEVEL OF DATA ANALYSIS

In this study, the level of investigation refers to the investigations that were performed in order to conduct a meaningful analysis of nurses' views on factors causing absenteeism based on the following attributes: Nurse qualification, namely Enrolled Nurses (EN), ENA (Enrolled Nurse Assistant) and RN (Registered Nurse). Data, which was analyzed, included closed and open-ended results to all the ENs, ENAs and RNs in their nurse categories.

3.10.2 CATEGORIZATION OF CLOSED AND OPEN-ENDED DATA FOR DATA ANALYSIS

The researcher manually sorted out questionnaires into separate piles of RNs, ENs and ENAs, including night and day duty staff. Therefore there were twenty RNs, twenty ENs and twenty ENAs in each nurse category and then ten per each professional nurse category on day and night shift. Responses to the closed-ended data entailed answering an option of 'agree' or 'disagree' to a set question.

The open-ended data collected for each nurse category was also arranged into day and night duty for purposes of counting a percentage on the response rate. Nurses answered the four open-ended questions varyingly. Each category of nurse, either on day and night duty, had responses placed exclusively under whichever of the four characteristics Nurse, Nurse Manager, Work and Organization characteristics to which they belonged.

The researcher viewed each category of nurses' responses to a questionnaire. A copy of the conceptual framework by Taunton et al. (1995: 218) and the four independent variables and their associated characteristics namely, the Nurse, Work, Nurse Manager and Organization characteristic and the questionnaire was reviewed against the participants' answers. Participants' answers were then grouped under the independent variables if they matched an independent variable and its associated characteristics. Alternatively, if the answer provided by participants did not match any of the independent variable characteristics, the answers were listed under newfound categories, which might nurse absenteeism.

3.11 QUANTITATIVE DATA ANALYSIS UTILIZING THE EXACT BINOMIAL TEST FOR CLOSED-ENDED DATA

The researcher utilized the Exact Binomial test of significance to establish a relationship between nursing absenteeism and each of the closed ended questions (factors). This test allowed the factors, which caused nurse absenteeism to be measured statistically and accurately. Theory and methodology for the Exact Binomial can be found in Bain and Engelhardt (1992: 405). The Exact Binomial test is an appropriate test for analyzing the dichotomous response variable, which is whether an individual agrees with the question or not. The Exact Binomial test was chosen to analyze the closed-ended data, where the answers to the questions were 'agree' or 'disagree'. The reason for using the Exact Binomial test is that responses in the survey were dichotomous, namely 'agree' or 'disagree'.

The closed-ended questions in the questionnaire, symbolize the factor of each variable. As an example, under the variable Nurse Characteristics, one of the questions in the survey was "Do you suffer from physical sickness, e.g., Headaches?" The factor represented by the latter question is physical illnesses. Hence, the Exact Binomial test of significance was performed for each question under each factor to determine whether there was, according to the test itself, a significantly high proportion of 'agrees' for that particular factor, in which case that factor could be considered as a cause of nursing absenteeism.

3.11.1 CONDUCTING THE EXACT BINOMIAL TEST OF SIGNIFICANCE ON THE STUDY HYPOTHESIS

Before describing the test of hypothesis, define X as the number out of 20 individuals agreeing with the statement made. Then X~BIN (n,p), that is, X has an Exact Binomial distribution with parameters n and p where p = P(an individual agrees) i.e. the probability that an individual agrees.

Blaikie (2003:182) analyses the steps involved in testing a statistical hypothesis. These steps have been applied in this study as follows:

1)   Formulating the null and alternative hypothesis:

H_0: $p = 0.5$

H_1: $p > 0.5$

The null hypothesis implies that there are an equal number of 'agrees' and 'disagrees', whereas the alternative would imply that there are more 'agrees' than 'disagrees'.

From the above hypothesis, it is clear that this test is one-tailed. Blaikie (2003:322) defines a one-tailed test as one in which the alternative hypothesis is directional. The test therefore ascertains whether there is a significant or sufficiently high number of 'agrees' for a given nurse category, variable and factor.

2)   Level of significance: 5% was set for the study.

3)   Test Statistic: $X \sim Bin (20;0.5)$

4)   Based on the 5% level of significance, it can be shown that the minimum number of 'agrees' required to reject the null hypothesis is 15. (This is obtained using the procedure in Bain and Engelhard (1992:405)). This means that if 15 or more responses are "agree" then H_0 is rejected in favour of H1.

5)   Conclusion: If the number of 'agrees' is greater than or equal to 15, for a given category of nurse, given variable and given question, the null hypothesis is rejected and the factor (from the question) is a cause of nursing absenteeism. Else, the null hypothesis cannot be rejected and the factor cannot be deemed a cause of nursing absenteeism.

Blaikie (2003:182).

3.11.2 EXPLANATIONS OF NULL HYPOTHESIS AND SIGNIFICANCE LEVEL AS FEATURED IN THE STUDY:

Easton and McColl (1997) state that the null hypothesis, H_0, represents a theory that has been put forward, either because it is believed to be true or because it is to be used as a basis for argument, but has not been proved. The alternative hypothesis, H_1, is a statement of what a statistical hypothesis test is set up to establish.

Easton and McColl (1997) state that the level of significance of a statistical test is a fixed probability of wrongly rejecting the null hypothesis H_0, if it is in fact true. The significance level is usually denoted by "α".

3.12 QUANTITATIVE DATA ANALYSIS TECHNIQUES OF CONTENT ANALYSIS FOR OPEN-ENDED DATA

The open-ended section of the simple survey, enabled quantitative data techniques of content analysis with coding, to be employed. With reference to the content analysis and coding of open ended data, Blaikie (2003: 186) emphasized that primary data in data analysis starts out as words as answered by participants in the open-ended questions. From words, data evolve into numbers and then words again through quantitative statistical manipulation techniques. This is typical of open-ended questions in a questionnaire and various techniques of coding will be used, to produce a number. Numbers are generated to represent the findings and meanings of the data, which started out as mere words. Hardy and Bryman (2004: 548) assert that content analysis is a technique, which attempts to categorize the meanings in a given body of discourse in a systematic and quantitative manner. Content analysis allows for making inferences by objectively and systematically identifying the specific characteristics of a message. Furthermore, content analysis is quantitative in that it is based on a procedure that permits categorized data to be translated to scales. From these scales, classifications to further quantitative indices can be formed, according to Hardy and Bryman (2004: 534).

For the data analysis of the open-ended data, the researcher sought key words that indicated reasons for nurse absenteeism. Once identified, an overall concept was formulated to denote that entire concept for nurse absenteeism. Hardy and Bryman (2004: 556) emphasizes that the process of content analysis is a technique for the quantitative analysis of a text. The numbers in content analysis are the result of counting words or concepts in the case of this research. In a similar view, Hardy and Bryman (2004: 534) further stress that content analysis of a text often proceeds from a count of the number of times each word appears within a certain text.

3.12.1 CONTENT ANALYSIS AS A MEANS OF CODING DATA

Ritchie and Lewis (2003: 210) state that no method of analysis will take precedence over the researcher's own research skills, to sift, read, order and synthesize the data. The researcher arranged data into categories further into categories of the Nurse, Nurse Manager, Work and Organization characteristics, against the nurse category. The data was then coded. Hardy and Bryman (2004: 550) in reference to coding data in content analysis. State that each characteristic of text that interests the researcher, is known as a coding category. The set of all coding categories is known as a coding scheme, which is applied to all sets of text to extract uniform and standardized information. If a text has words or concepts, which coincide with the coding category, the coding category is ticked off. This is called coding content analysis. Content analysis then turns words into numbers by counting each tick for each category to obtain a frequency distribution of the occurrence of certain types information in the text. The coding of schematic points allows the researcher to code the data, according to Hardy and Bryman (2004: 550). For instance, when a piece of data was reviewed for all the RNs, pertaining to nurse characteristics, the researcher developed the accompanying list of codes.

Miles and Huberman (1994: 56) state that the basic function of coding is analysis. To review text, and dissect them meaningfully, whilst keeping the relations between the parts intact, is the essence of analysis. Codes, as Miles and Huberman (1994: 56), emphasize are the labels for assigning units of meaning to the inferential information complied during a study.

These codes are allocated to chunks of phrases or sentences or a whole paragraph. The code, a word, does not contain just a meaning but has the meaning it does by the choice made by the respondent as to its significance in a given context. This choice is made on the basis that it is judged to be the most suitable one to represent that sentence or paragraph (Miles and Huberman, 1994: 56).

Miles and Huberman (1994: 57) assert that one type of code is a descriptive code. This code entails little interpretation but attributes a class of phenomena to a portion of the highlighted text. The researcher chose the descriptive code technique, according to Miles and Huberman (1994: 57), where a concept or code, represented a portion of the text.

3.12.2 CODING SCHEME

Miles and Huberman (1994: 58) isolate the most helpful coding technique, which involves data being collected, written up and reviewed line by line, within each paragraph. Categories or labels are then generated. Labels are generated, reviewed and improved upon. Miles and Huberman (1994: 58) maintain that a list of codes should be compiled at the beginning of one's research. These codes can be derived from the conceptual framework, or key variables of the study. Data then is matched to the codes, which represent them.

The questions from the questionnaire, the conceptual framework of Taunton et al. (1995: 218) featuring the independent variables and their associated characteristics, were placed together to view different possible concepts, when data was coded for this study. From these sources, a list of codes was generated, matching the equivalent source coding scheme or difference from the sources or not. To quantify the codes, the researcher assessed how many participants were stating similar reasons for nurse absenteeism. Therefore, the code or concept housed all the similar answers of participants. The concept covering responses was listed in tabulated form to the frequency of answers under one concept. New founded codes and responses outside the coding source-coding scheme were also listed in tabulated form.

The second main coding alternative is to follow up a scheme that points to general domains in which codes can be developed, inductively. Based on Miles and Huberman's (1994: 61) list of ten phenomena used to code data, the following four phenomena were selected to code data for this study:

1) Setting or Context: General information on surroundings that allows you to put the study in a broader context.

2) Definition of the situation: How people understand, define or perceive the setting or topic under study.

3) Perspectives: Ways of thinking about their setting shared by informants.

4) Ways of thinking about people and objects: understanding of each other, outsiders, of objects in their world.

<div align="right">Miles and Huberman (1994: 61).</div>

Referring to numbers 1, 2, 3 and 4 as above, by data analysis, the researcher ascertained what nurses attributed as causal factors for absenteeism. These factors were established through any of the independent variables of the conceptual framework of Taunton et al. (1995: 218) or newfound reasons for absenteeism. In addition, in this study, the nurses' work environment and how nurses described aspects for reasons causing absenteeism were considered, and assisted in coding data.

3.12.3 CONDITIONS FOR CODING

In addition to a coding scheme, Miles and Huberman (1994: 58) suggest ways of getting started in code criteria. The best way is to start coding is to look for 'conditions'; 'consequences' and 'interactions among actors'. The words 'because' or 'since' are good indicators to look for before coding. Doing so enables the researcher to get started on the coding process. To discover the consequences, the researcher should follow up on such terms as, 'As a result of' and 'Because of'. These conditions prove especially useful when starting to code, using a code scheme.

The conditions for coding data were utilized in analyzing participants' data. This exact cause and effect sentencing principle guided the researcher in deriving codes. Specifically, the researcher looked for words or sentences suggested as causing absenteeism. Once the causal effect was determined, it was termed as a code, to indicate that it caused nurse absenteeism.

3.12.4 DEFINITIONS AND NAMING OF CODES

Ritchie and Lewis (2003: 202) emphasizes that a concept or code may refer to the substantive meaning of the data. Alternatively, the concepts are influenced by the literature or devised by the researcher to capture the essence of talk by participants. The researcher coded manually. Where newfound answers were generated from data analysis, which did not exist in the source-coding scheme, the researcher drew up new codes. Concept names were derived according to the literature of the study. Alternatively, concept names were invented, symbolizing the participant's talk. The concept isolated, signifies in one word or a short phrase what participants were stating in long sentences. Ritchie and Lewis (2003: 203) point out that concept names are chosen by the researcher and may include common sense terms, influenced by the literature or concepts developed by the researcher. Miles and Huberman (1994: 63) state that codes should be precise. The coded name too should be as close as possible to the concept it is describing. This indicates the need for accuracy in naming a code.

3.13 QUANTITATIVE DESCRIPTIVE DATA ANALYSIS TECHNIQUES

Brink (2000: 179) states that descriptive data analysis techniques essentially describe and summarize data. Data is converted into an organized representation of the whole picture, for enhanced meaning. Descriptive analysis techniques use frequency distributions and frequency counts to see how many times a result occurs. Blaikie (2003: 52) states that frequency counts and distributions are used to summarize large amounts of data.

The open-ended section, simple survey, involved the use of quantitative descriptive analysis techniques. Specifically, the use of simple descriptive statistics, where frequency distribution counted, was employed as a statistical technique to calculate the responses of participants. Brink (2000: 183) makes mention that once data has been summarized in a frequency distribution, comparisons concerning the relative frequency of scores falling into specific categories can be done.

Hence, a simple descriptive statistics is used for this purpose, making use of percentages to calculate data scores according to Brink (2000: 183). When the concepts or codes were generated out of data analysis from the open-ended answers in the study, a basic frequency count was done. Then the frequency count was done to show how many participants had stated similar answers. The simple descriptive statistics of percentages highlighted the number of people was agreed on a similar concept or code. The frequency count established only which factors from the simple survey, as concepts or codes, were most often cited as contributing reasons to nurse absenteeism, the most popularly expressed reasons were considered significant. The results, which were considered by the researcher as causal factors of absenteeism, were those where more than one person agreed on a reason for nurse absenteeism, for this study

3.14 PILOT STUDY

Brink (2000: 213) states that a pilot study is a small scale, trial run of an actual study. Welman and Kruger (1999: 146), too, indicate a pilot study is used to allow the researcher to identify any non-verbal dissatisfaction experienced by others before the questionnaire is distributed to the actual sample study population. This section focuses on the pilot study, which was conducted by the researcher. The pilot study was conducted to allow for the pilot study population to assess the content and face validity of the questionnaire, with an aid of a marking scheme. Furthermore, the feasibility of using the study instrument for data collection was also assessed.

The researcher distributed ten questionnaires with a marking scheme to the pilot study participants. Five questionnaires were given to nurse professionals who are also studying at the University X. Additionally, five lecturers from University X also examined the questionnaire. For purposes of anonymity the University had been termed as University X. They had assessed the questionnaire for the areas as highlighted below in Diagram 3.1, as the pilot study assessment form for the questionnaire that respondents filled out.

3.15   COMMENTS ON THE PILOT STUDY

The assessment form, as in Diagram 3.1, allowed the researcher to judge whether the questionnaire was suitable, in terms of understandability, neatness, relevance, sensitivity, satisfaction and length. The question of participants being happy with the questionnaire was relevant. "Happy" according to the South African Oxford School Dictionary (2000: 204) means being content. This questionnaire reflected the overall merit of the study questionnaire, aiming at asking what should be asked in relevance to causes of absenteeism in a simple, understandable and relevant manner.

Diagram 3.1		
Pilot Study questionnaire:		
Please place an x in the appropriate space provided.		
Questions	**YES**	**NO**
1. Is the questionnaire understandable?		
2. Is the questionnaire neat?		
3. Does the questionnaire ask relevant questions?		
4. Is the questionnaire offensive?		
5. Are participants happy with the questionnaire		
6. Is the questionnaire of an appropriate length?		
Are there any other questions you think should be asked related to the topic under study?		
Comments:		

All participants at University X agreed, in the pilot study, that the overall questions met the objectives of understandability, neatness, relevance, sensitivity, satisfaction and length. After distributing questionnaires and assessment forms to these participants in the pilot study, the face and content validity of the instrument or questionnaires, proved to be acceptable.

Having knowledge, discernment in the efficiency of being former nurses, they were in a position to identify if the questionnaire met the criteria of understandability, neatness, relevance, sensitivity, satisfaction and length of the questionnaire.

3.16 CONCLUSION

This chapter has focused on the research design and methodology, data collection techniques and analysis. The use of a quantitative, non-experimental, simple survey allowed for data to be collected in a coded and open-ended manner by which The Exact Binomial test and content analysis by coding data, with the use of simple descriptive statistics for data findings on the open-ended section was made possible. Aspects of data sifting were discussed in the study, where percentage counts revealed the level of responses of participants to the questions answered. Further issues of the validity and reliability were also discussed, having achieved both in the study. The pilot study, which was also carried out, was discussed with the comments and feedback of participants. Finally, ethical considerations were also discussed.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

4.1 PRESENTATION OF DATA FINDINGS

The following section will present the closed and open-ended results of RNs, ENs and ENAs for all four variables being the nurse, nurse manager, work and organization, presented simultaneously of each nurse category, highlighting differences, similarities or further explanations. The open-ended data findings present actual responses of participants under each concept. The level of comparison is between RNs, ENs and ENAs.

Whilst there was a hundred percent response rate for the closed-ended questions by participants, the open-ended section did not entirely produce a one hundred percent response rate. Response rates on each open-ended question for data collected on the 29th May 2007, 14th and 17th June 2007 on day and night shift varied, amongst RNs, ENs and ENAs. According to Letsoalo (2007) from the Mail and Guardian, thousands of workers in essential services, organized by Cosatu, insisted highlighted that the public service workers planned their wage strike, beginning on 28 May 2007. This strike included nurses and doctors. During the strike, as the researcher observed, nurses' on day and night shift dealt heavy workloads and completed the questionnaire in available. This could explain why response rates differed on certain dates. Alternatively, the choice to not an answer an open-ended question by nurses, may be due to the fact that there are no other contributing reasons to absenteeism other than listed questions in the closed-ended questions.

Improved response rates for the 14th and 17th June 2008, reflected either a personal choice or that the impeding nation wide strike ended. According to the Ministry of Public Service and Administration (2007) Fraser-Moleketi in attempt of collaborating wage negotiations and strike action, appealed to the essential services such as nurses, to report for duty during the strike. Fraser-Moleketi reiterated that casualties or deaths in hospitals due to the self-seeking interests of those who are responsible for the lives of others.

Protecting the lives needing care is a priority. (Ministry of Public Service and Administration, 2007) This plea, may have allowed for more nurses to be at work, also allowing for more responses to the open-ended questions.

With the presentation of findings and conclusion drawn upon, identify which factors cause nurse absenteeism of each of the four independent variables, thus answering the research objectives of the study. This is done for both the open and closed-ended sections, as a whole for RNs, ENs and ENAs. The significant results of the open-ended section were the most commonly mentioned concepts under each separate section of the independent variables under the RN, EN and ENA categories. Exact comments by nurses were presented in the results of the open-ended section. However, only factors, from the closed-ended results, or concepts from the open-ended results that caused absenteeism are presented.

4.2 DEMOGRAPHICS OF THE STUDY POPULATION

This section highlights the number of RNs, ENs and ENAs that participated in the study. Table 4.1 highlights that there were 20 RNs, 20 ENs and 20 ENAs in this study.

Table 4.1: Number of RNs, ENs and ENAs in the study

PROFESSIONAL CATEGORY OF NURSE	NUMBER OF PARTICIPANTS IN THE STUDY
Registered Nurses	20
Enrolled Nurses	20
Enrolled Nurse Assistants	20

4.3 RESPONSE FROM PARTICIPANTS ON CLOSED- ENDED QUESTIONS

There was a hundred percent response rate to closed-ended questions of an option to an "agree or disagree" from nurses. All RNs, ENs and ENAs on day and night duty, answered the Nurse, Work, Nurse Manager and Organization questions.

4.3.1 RESPONSE FROM PARTICIPANTS ON OPEN-ENDED QUESTIONS

Factors that cause absenteeism, determined through data analysis with content analysis and coding, utilizing descriptive analysis techniques of frequency counts and frequency distribution, have revealed the concepts causing nurse absenteeism.

The total number of nurse's that cited a particular concept was expressed as a proportion of the total number of open-ended responses, for each nurse category and each section of the survey namely the nurse, nurse manager, work and organizational characteristics. Table 4.2 below highlights the number of RNs, ENs and ENAs for both day and night duty, who answered the opened-ended questions for each of the nurse, work, nurse manager and organizational sections of the survey. These were then combined to arrive at the total number of responses for each nurse category.

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As mentioned before, there were twenty RNs, twenty ENs and twenty ENAs that were involved in the study thus giving a total of sixty nurses who participated in the study. The proportions of responses for the open-ended were based on these totals.

Table 4.2: RNs, ENs and ENAs responses

Independent variable Characteristics open-ended question, including day and night duty staff	Total number and Percentage of nurses responses to characteristics	Day duty (out of ten Nurses that answered)	Night duty (out of ten Nurses that answered)
1) Nurse characteristics of responses to open-ended question on day and night duty			
• RNs-	15 / 20 = 75%	7 / 10	8 / 10
• ENs-	10 / 20 = 50%	5 / 10	5 / 10
• ENAs	7 / 20 = 35%	3 / 10	4 / 10
2) Nurse Manager characteristics of responses to open-ended question on day and night duty			
• RNs-	12 / 20 = 60%	5 / 10	7 / 10
• ENs-	13 / 20 = 65%	7 / 10	6 / 10
• ENAs	10 / 20 = 50%	5 / 10	5 / 10
3) Work characteristics of responses to open-ended question on day and night duty			
• RNs-	12 / 20 = 60%	6 / 10	6 / 10
• ENs-	12/ 20 = 60%	6 / 10	6 / 10
• ENAs	10 / 20 = 50%	5 / 10	5 / 10
4) Organization characteristics of responses to open-ended question on day and night duty			
• RNs-	9 / 20 = 45%	4 / 10	5/10
• ENs-	12 / 20 = 60%	6 / 10	6/10
• ENAs	12 / 20 = 60%	6 / 10	6/10

Table 4.2 indicates the percentage of the nurse response rate that was calculated as total nurse responses, following which the total number of nurses, per nurse category that answered on day and night duty are given. Comparisons can be drawn for each of the three nurse categories and their response rates for each open-ended question.

4.4. RNs' RESPONSE TO OPEN-ENDED QUESTIONS: 29th May 2007, 14th and 17th June 2007

Table 4.3 has been tabulated to indicate the response rates of the five RNs approached separately on both day and night shift, on the 29th May 2007 and five RNs approached on the14th and 17th June 2007, separately for day and night shift.

Table 4.3: RNs response to open-ended questions

Independent Variable Characteristic Question	Percentage of response rates of RN Day Duty- 29th May 2007	Percentage of response rates of RN Night Duty- 29th May 2007	Percentage of response rates of RN Day Duty- 14th and 17th June 2007	Percentage of response rates of RN Night Duty- 14th and 17th June 2007
Nurse	2/5 = 40%	3/5 = 60%	5/5 = 100%	5/5 = 100%
Nurse Manager	1/5 = 20%	2/5 = 40%	4/5 = 80%	5/5 = 100%
Work	2/5 = 40%	1/5 = 20%	4/5 = 80%	5/5 = 100%
Organization	1/5 = 20%	1/5 = 20%	3/5 = 60%	4/5 = 80%

Table 4.3 highlights the day shifts of the 29th May 2007, 14th and 17th June 2007. The night shifts of the 29th May 2007, 14th and 17th June 2007 have been combined to produce the total of 10 nurses to be approached on day and night shift, resulting in a total of twenty RNs approached. The table indicates the number of nurses out of five nurses per shift approached on these dates, that answered the nurse, nurse manager, work and organization open-ended questions.

There was a hundred percent response rate for the nurse question on the 14th and 17th June 2007 day and night shift; a hundred percent response rate for the nurse manager question on the 14th and 17th June 2007 night shift; a hundred percent rate for the work question on the 14th and 17th June 2007 night shift.

4.4.1 ENs' RESPONSE TO OPEN-ENDED QUESTIONS: 29th May 2007, 14th and 17th June 2007

Table 4.4 has been tabulated to indicate the response rates of the five ENs approached separately on both day and night shift, on the 29th May 2007 and five ENs approached on the14th and 17th June 2007, separately for day and night shift.

Table 4.4: ENs response to open-ended questions

Independent Variable Characteristic Question	Percentage of response rates of EN Day Duty- 29th May 2007	Percentage of response rates of EN Night Duty- 29th May 2007	Percentage of response rates of EN Day Duty- 14th and 17th June 2007	Percentage of response rates of EN Night Duty- 14th and 17th June 2007
Nurse	2/5 = 40%	1/5 = 20%	4/5 = 80%	5/5 = 100%
Nurse Manager	2/5 = 40%	1/5 = 20%	5/5 = 100%	5/5 = 100%
Work	2/5 = 40%	1/5 = 20%	4/5 = 80%	5/5 = 100%
Organization	1/5 = 20%	0/5 = 0%	4/5 = 80%	5/5 = 100%

Table 4.4 highlights the day shifts of the 29th May 2007, 14th and 17th June 2007. The night shifts of the 29th May 2007, 14th and 17th June 2007 have been combined to produce the total of 10 nurses to be approached on day and night shift, resulting in a total of twenty ENs approached. The table indicates the number of nurses out of five nurses per shift approached on these dates, that answered the nurse, nurse manager, work and organization open-ended questions.

There was a hundred percent response rate for the nurse question on the 14th and 17th June 2007 night shift; a hundred percent response rate for the nurse manager question on the 14th and 17th June 2007 day and night shift; a hundred percent rate for work question on the 14th and 17th June 2007 night shift; a hundred percent response rate for the organization question on 14th and 17th June 2007 night shift. There was a zero (0%) response rate for the organization question on the 29th May 2007 night shift.

4.4.2 ENAs' RESPONSE TO OPEN-ENDED QUESTIONS: 29th May 2007, 14th and 17th June 2007

Table 4.5 has been tabulated to indicate the response rates of the five ENAs approached separately on both day and night shift, on the 29th May 2007 and five ENAs approached on the14th and 17th June 2007, separately for day and night shift.

Table 4.5: ENAs response to open-ended questions

Independent Variable Characteristic Question	Percentage of response rates of ENA Day Duty- 29th May 2007	Percentage of response rates of ENA Night Duty- 29th May 2007	Percentage of response rates of ENA Day Duty- 14th and 17th June 2007	Percentage of response rates of ENA Night Duty- 14th and 17th June 2007
Nurse	1/5 = 20%	2/5 = 40%	5/5 = 100%	4/5 = 80%
Nurse Manager	0/5 = 0%	2/5 = 40%	5/5 = 100%	4/5 = 80%
Work	1/5 = 20%	2/5 = 40%	4/5 = 80%	5/5 = 100%
Organization	0/5 = 0%	2/5 = 40%	5/5 = 100%	3/5 = 60%

Table 4.5 highlights the day shifts of the 29th May 2007, 14th and 17th June 2007. The night shifts of the 29th May 2007, 14th and 17th June 2007 have been combined to produce the total of 10 nurses to be approached on day and night shift, resulting in a total of twenty ENAs approached. The table indicates the number of nurses out of five nurses per shift approached on these dates, that answered the nurse, nurse manager, work and organization open-ended questions.

There was a hundred percent response rate for the nurse question on the 14th and 17th June 2007 day shift; a hundred percent response rate for the nurse manager question on the 14th and 17th June 2007 day shift; a hundred percent rate for work question on the 14th and 17th June 2007 night shift; a hundred percent response rate for the organization question on 14th and 17th June 2007 day shift. There was a zero (0%) response rate for the nurse manager question on the 29th May 2007 day shift. There was zero (0%) response rate for the organization question on the 29th May 2007 day shift.

4.5 DATA RESULTS

4.5.1 ENs NURSE CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for ENs on the nurse characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of The Exact Binomial test of Significance, at $\alpha=5\%$, are as follows, in Table 4.6:

Table 4.6: ENs Nurse characteristics closed-ended results

EN			
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREE	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Nursing Characteristics Q1: Suffer with physical sickness, e.g., Headaches	11	9	Is not a cause
Nursing Characteristics Q2: Have financial problems and moonlight for extra money	16	4	Is a cause
Nursing Characteristics Q3: Take substances such as alcohol and drugs	1	19	Is not a cause
Nursing Characteristics Q4: Have family matters to attend, e.g., Take sick child to the doctor	15	5	Is a cause
Nursing Characteristics Q5: Experience transport problems with no car, bus, taxi etc	14	6	Is not a cause
Nursing Characteristics Q6: Lack motivation to go to work as they feel stressed and tired of work	15	5	Is a cause
Nursing Characteristics Q7: Feel guilty when absent from work	11	9	Is not a cause

4.5.1.1 RESULTS

This section focuses on the results indicating the factors that caused nurse absenteeism, which are:

1) FACTOR: FINANCIAL PROBLEMS

- Eighty percent (80%) 16/20 ENs agree and twenty percent (20%) 4/20 ENs disagree in question 2 that nurses "have financial problems and moonlight for extra money" causes absenteeism.

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2) FACTOR: FAMILY RESPONSIBILITY

- Seventy five percent (75%) 15/20 ENs agree and twenty five percent (25%) 5/20 ENs disagree question 4 that nurses "have family matters to attend, e.g. take sick child to the doctor" causes absenteeism.

3) FACTOR: LACK MOTIVATION TO GO TO WORK DUE TO STRESS

- Seventy five percent (75%) 15/20 ENs agree and thirty percent (30%) 5/20 ENs disagree question 6 that nurses "lack motivation to go to work as they feel tired and stressed" causes absenteeism.

This section has dealt with the EN nurse characteristics closed-ended results.

4.5.2 ENs NURSE CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for ENs on the nurses' characteristics open-ended section. Table 4.7, shows the exact comments by ENs as causing absenteeism, which was highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.7: ENs Nurse characteristics open-ended results

CONCEPT NURSES AGREED CAUSING NURSE ABSENTEEISM:	TOTAL NUMBER OF NURSES AGREEING ON THIS CONCEPT CAUSING NURSE ABSENTEEISM:
1) SHORTAGE OF STAFF a) Shortage of staff b) Shortage of staff, this causes overload of work which exhaust nurses. Staff being employed should be screened properly eg: health, skill and knowledge. c) Shortage of staff. Overworking. d) Too much work and less staff causing work overload.	4 / 12
2) PHYSICAL ILLNESS a) Sick, tired, stressed b) Sickness due to environment they working c) Because of sickness and the shortage.	3 / 12
3) OFF-DUTY DISPARITY a) Long hours to work less pay overworked no staff b) Nurse should find employment near home due to their shifts this causes absenteeism c) By changing of your off duties without telling you	3 / 12
4) FINANCIAL PROBLEMS a) Low salary. Poor working conditions b) Long hours to work less pay overworked no staff c) Nurses are moonlighting and therefore they cannot work in the hospital that they are registered to.	3 / 12

4.5.2.1) RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated, and represented by "n". The concepts that caused nurse absenteeism are:

1)   CONCEPT: SHORTAGE OF STAFF

ENs agreed that a shortage of staff contributed to absenteeism.
- Thirty three percent (33%) (n = 4 / 12 ENs in total) answered the question.

2)   CONCEPT: PHYSICAL ILLNESS

ENs agreed that nurses having physical illnesses contributed to absenteeism.
- Twenty five percent (25%) (n = 3 / 12 ENs in total) answered the question.

3)   CONCEPT: OFF-DUTY DISPARITY

ENs agreed that an off-duty disparity contributed to absenteeism.
- Twenty five percent (25%) (n = 3 / 12 ENs in total) answered the question.

4)   CONCEPT: FINANCIAL PROBLEMS

ENs agreed that nurses having financial problems contributed to absenteeism.
- Twenty five percent (25%) (n = 3 / 12 ENs in total) answered the question.

This section has dealt with the EN nurse characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.5.3 ENs NURSE MANAGER CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for ENs on the Nurse Manager characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of The Exact Binomial test of Significance, at $\alpha=5\%$, are as follows, in Table 4.8:

Table 4.8: ENs Nurse Manager characteristics closed-ended results

EN			
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREE	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Nurse manager Characteristics Q1: Makes all decisions and does not consider nurses opinions or ideas	9	11	Is not a cause
Nurse manager Characteristics Q2:, Is very strict and unfriendly	11	9	Is not a cause
Nurse manager Characteristics Q3: Does not give positive encouragement or praise for work that is well done	10	10	Is not a cause
Nurse manager Characteristics Q4: Always is in conflict with the nurses	10	10	Is not a cause
Nurse manager Characteristics Q5: Makes the junior nurses run the ward	6	14	Is not a cause
Nurse manager Characteristics Q6: Treats nurses unequally in terms of ward duty and off duties	11	9	Is not a cause
Nurse manager Characteristics Q7: Doesn't have regular meetings or give feedback	8	12	Is not a cause

4.5.3.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism. There were no factors causing absenteeism as indicated in Table 4.8.

4.5.4 ENs NURSE MANAGER CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for ENs on the nurse manager characteristics open-ended section. Table 4.9, shows the exact comments by ENs as causing absenteeism, which was highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

TABLE 4.9: ENs Nurse Manager characteristics open-ended results:

CONCEPT NURSES AGREED CAUSING NURSE ABSENTEEISM:	TOTAL NUMBER OF NURSES AGREEING ON THIS CONCEPT CAUSING NURSE ABSENTEEISM:
1) OFF-DUTY DISPARITY a)" By not giving the request that you ask". b) "Off duties that are not giving rest enough". c) "Allocating off duties that are not fair". d) "Requests should be considered when making off duties. Emergency leave should be granted when needed".	4 / 13
2) UNFRIENDLY NURSE MANAGERS a) "Favoritism. Unapproachable". b) "Some of them are unfriendly and nurses feel out of place". c)" Some unit managers are very bossy and lack respect for junior staff".	3 / 13
3) FAVOURITSM a) " Favouritism. Unapproachable". b) "They pick and choose they are races. They can make you feel pressure on you because they pick and choose". c) "Some they treat nurses unequally'.	3 / 13

4.5.4.1   RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1)   CONCEPT: OFF-DUTY DISPARITY

ENs agreed that an off-duty disparity contributed to absenteeism.

- Thirty one percent (31%) (n = 4 / 13 ENs in total) answered the question.

2)   CONCEPT: UNFRIENDLY NURSE MANAGERS

ENs agreed that unfriendly nurse managers contributed to absenteeism.

- Twenty three percent (23%) (n = 3 / 13 ENs in total) answered the question.

3)   CONCEPT: FAVOURITSM

ENs agreed that favouritsm contributed to absenteeism.

- Twenty three percent (23%) (n = 3 / 13 ENs in total) answered the question.

This section has dealt with the EN nurse manager characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

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4.5.5 ENs WORK CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for ENs on the work characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of The Exact Binomial test of Significance, at $\alpha=5\%$, are as follows, in Table 4.10:

Table 4.10: ENs Work characteristics closed-ended results

EN	EN	EN	EN
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Work Characteristics Q1: They are tired of routine work, e.g., Having to make beds everyday	3	17	Is not a cause
Work Characteristics Q2 : Their skills are not utilized as they do the same thing everyday, e.g., always doing vital signs	7	13	Is not a cause
Work Characteristics Q3: They work in an unfriendly environment	6	14	Is not a cause
Work Characteristics Q4: They are moved to a new ward everyday to cover staff shortage	15	5	Is a cause
Work Characteristics Q5: They are over worked on a ward	20	0	Is a cause
Work Characteristics Q6: They have no job description resulting in them doing all types of work	9	11	Is not a cause
Work Characteristics Q7: The ward they work in does not allow for nurses to get days off that they want	12	8	Is not a cause
Work Characteristics Q8: They work long hours, e.g., 07:00 -19h00 causing nurses to get home late	14	6	Is not a cause

4.5.5.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism, which are:

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1)   FACTOR: MOVED TO A NEW WARD EVERYDAY TO COVER STAFF SHORTAGES

- Seventy percent (75%) 15/20 ENs agree and twenty five percent (25%) 5/20 ENs disagree in question 4 that at work, "they are moved to a new ward everyday to cover staff shortage". The overall result was that this factor caused ENs to be absent.

2)   FACTOR: OVER-WORKED ON WARD

- One hundred percent (100%) 20/20 ENs agree and zero percent (0%) 0/20 ENs disagree in question 5 that at work, "they are over worked on a ward". The overall result was that this factor caused ENs, to be absent.

This section has dealt with the EN work characteristics closed-ended results.

4.5.6   ENs WORK CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for ENs on the work characteristics open-ended section. Table 4.11, shows the exact comments by ENs as causing absenteeism, which was highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.11: ENs Work characteristics open-ended results

CONCEPT NURSES AGREED CAUSING NURSE ABSENTEEISM:	TOTAL NUMBER OF NURSES AGREEING ON THIS CONCEPT CAUSING NURSE ABSENTEEISM:
1) BURNOUT a) Stress, sick, tired b) Shortage of staff, this causes overload of work which exhaust nurses	2 / 12
2) SHORTAGE OF STAFF a) Short staff - extra workload b) Shortage of staff c) Shortage of staff, this causes overload of work which exhaust nurses. d) Shortage of staff e) Too much work and less staff	5 / 12
3) STRESS a) Nurses are working long hours and become stressed b) Stress, sick, tired.	2 / 12
4) UNSATISACTORY WORK CONDITIONS a) Unhygienic conditions b) Lack of resources, gloves, aprons, daily towels open to infection due to lack of resources	2 / 12
5) INCREASED WORKLOAD a) Doing of work that needs to be done by more than 2 people b) Over worked c) Short staff - extra workload. d) Shortage of staff. Overworking e) Shortage of staff, this causes overload of work f) Too much work	6 / 12
6) NO EQUIPMENT a) Not giving enough equipment b) Lack of resources, gloves, aprons, daily towels open to infection due to lack of resources.	2/ 12

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4.5.6.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1)   CONCEPT: BURNOUT

ENs agreed that burnout contributed to absenteeism.

- Seventeen percent (17%) (n = 2 / 12 ENs in total) answered the question.

2)   CONCEPT: SHORTAGE OF STAFF

ENs agreed that a shortage of staff contributed to absenteeism.

- Forty two percent (42%) (n = 5 / 12 ENs in total) answered the question.

3)   CONCEPT: STRESS

ENs agreed that stress contributed to absenteeism.

- Seventeen percent (17%) (n = 2 / 12 ENs in total) answered the question.

4)   CONCEPT: UNSATISFACTORY WORK CONDITONS

ENs agreed that unsatisfactory work conditions contributed to absenteeism.

- Seventeen percent (17%) (n = 2 / 12 ENs in total) answered the question.

5)   CONCEPT: INCREASED WORKLOAD

ENs agreed that an increased workload contributed to absenteeism.

- Fifty percent (50%) (n = 6 / 12 ENs in total) answered the question.

6) CONCEPT: NO EQUIPMENT

ENs agreed that no equipment contributed to absenteeism.

- Seventeen percent (17%) (n = 2 / 12 ENs in total) answered the question.

This section has dealt with the EN work characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.5.7 ENs ORGANIZATION CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for ENs on the organization characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of Exact Binomial test of Significance, at $\alpha=5\%$, are as follows, in Table 4.12:

Table 4.12: ENs Organization characteristics closed-ended results4.5.7.1)

EN	EN		
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Organization Characteristics Q1: Gives unfair promotions to certain nurses	14	6	Is not a cause
Organization Characteristics Q2: Are short staffed which creates a heavy work load for other nurses	19	1	Is a cause
Organization Characteristics Q3: Have no equipment to provide quality-nursing care	17	3	Is a cause
Organization Characteristics Q4: Has no free staff health care clinic	9	11	Is not a cause
Organization Characteristics Q5: Has no reward system for nurses	17	3	Is a cause
Organization Characteristics Q6: Have poor physical conditions, e.g., Poor lighting, bad odour	10	10	Is not a cause
Organization Characteristics Q7: Have no health and safety protocols, e.g., gloves to wear whilst doing invasive procedures	3	17	Is not a cause
Organization Characteristics Q8: Have unfair discipline procedures, e.g., Nurses are given final written warnings without a fair hearing	11	9	Is not a cause
Organization Characteristics Q9: Unfairly select nurses for training	14	6	Is not a cause

4.5.7.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism, which are:

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1) **FACTOR: SHORT-STAFFED CRETAING A HEAVY WORKLOAD FOR OTHER NURSES**

- Ninety five percent (95%) 19/20 ENs agree and (5%) 1/20 ENs disagree in question 2 that the organizations "are short-staffed which creates a heavy work load for other nurses" that causes absenteeism. The overall result was that this factor caused ENs to be absent.

2) **FACTOR: NO EQUIPMENT**

- Eighty five percent (85%) ENs agree and 15% ENs disagree in question 3 that the organizations, "have no equipment to provide quality-nursing care" causes absenteeism. The overall result was that this factor caused ENs to be absent.

3) **FACTOR: NO REWARD SYSTEM**

- Eighty five percent (85%) 17/20 ENs agree and (15%) 3/20 ENs disagree in question 5 that the organization, "has no reward system", causes absenteeism. The overall result was that this factor caused ENs to be absent.

4) **FACTOR: UNFAIRLY SELECT NURSES FOR TRAINING**

- Seventy five percent (75%) 15/20 ENs agree and (25%) 5/20 ENs disagree that the organization, "unfairly select nurses for training" causes absenteeism. The overall result was that this factor caused ENs to be absent.

This section has dealt with the EN organization characteristics closed-ended results.

4.5.8 ENs ORGANIZATION CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for ENs on the organization characteristics open-ended section. Table 4.13, shows the exact comments by ENs as causing absenteeism, which were highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.13: ENs Organization characteristics open-ended results

CONCEPT AND OPEN-ENDED ANSWERS BY NURSES EITHER ON DAY AND NIGHT DUTY	OVERALL PERCENTAGE OF NURSES AGREEING ON THIS FACTOR BY ADDING DAY AND NIGHT DUTY NURSES THAT ANSWERED
1) INCOHERENT DECISION-MAKING a) Making rules for others without considering their staff b)They don't think about staff decision are generally made to suite them as a whole.	2 / 10
2) DISCREPANCY IN TRAINING a) Poor selection for bridging course b) Nurses are not sent to further training	2 / 10

4.5.8.1 RESULTS

This section focuses on the results, indicating the concepts that contributed nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1) CONCEPT: INCOHERENT DECISION-MAKING

ENs agreed that incoherent decision-making contributed to absenteeism.

- Twenty percent (20%) (n = 2 / 10 ENs in total) answered the question.

2) CONCEPT: DISCREPANCY IN TRAINING

ENs agreed that discrepancy in training contributed caused absenteeism.

- Twenty percent (20%) (n = 2/ 10 ENs in total) answered the question.

This section has dealt with the EN organization characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.6 ENAs NURSE CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for ENAs on the nurse characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of The Exact Binomial test of Significance, at α=5%, are as follows, in Table 4.14:

Table 4.14: ENAs Nurse characteristics closed-ended results

ENA	ENA		
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Nursing Characteristics Q1: Suffer with physical sickness, e.g., Headaches	13	7	Is not a cause
Nursing Characteristics Q2: Have financial problems and moonlight for extra money	13	7	Is not a cause
Nursing Characteristics Q3: Take substances such as alcohol and drugs	4	16	Is not a cause
Nursing Characteristics Q4: Have family matters to attend, e.g. , Take sick child to the doctor	19	1	Is a cause
Nursing Characteristics Q5: Experience transport problems with no car, bus, taxi etc	17	3	Is a cause
Nursing Characteristics Q6: Lack motivation to go to work as they feel stressed and tired of work	15	5	Is a cause
Nursing Characteristics Q7: Feel guilty when absent from work	12	8	Is not a cause

4.6.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism, which were:

1) FACTOR: FAMILY RESPONSIBILITY

- Ninety five percent (95%) 19/20 ENAs agree and 5% (1/20) ENAs disagree in question 4 that nurses "have family matters to attend, e.g. take sick child to the doctor" causes absenteeism. The overall result was that this factor caused ENAs to be absent.

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2) FACTOR: TRANSPORT PROBLEMS

- Eighty five percent (85%) 17/20 ENAs agree and (15%) 3/20 ENAs disagree in question 5 that nurses "experience transport problems with no car, bus, taxi etc" causes absenteeism. The overall result was that this factor caused ENAs to be absent.

3) FACTOR: LACK MOTIVATION TO GO TO WORK DUE TO STRESS

- Seventy five percent (75%) 15/20 ENAs agree and (30%) 5/20 ENAs disagree in question 6 that nurses "lack motivation to go to work as they feel tired and stressed" causes absenteeism. The overall result was that this factor caused ENAs to be absent.

This section has dealt with the ENA nurse characteristics closed-ended results.

4.6.2 ENAs NURSE CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for ENAs on the nurse characteristics open-ended section. Table 4.15, shows the exact comments by ENAs as causing absenteeism, which were highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.15: ENAs Nurse characteristics open-ended results

CONCEPT AND OPEN-ENDED ANSWERS BY NURSES EITHER ON DAY AND NIGHT DUTY	OVERALL PERCENTAGE OF NURSES AGREEING ON THIS FACTOR
1) *PHYSICAL ILLNESS* a) The most of the nurses are <u>sick.</u> b) Overworked. <u>Illnesses- chronic.</u> Stress.	2 / 12
2) *LESS REMUNERATION* a) <u>Unsatisfying salary</u> given to nurses. b) <u>Low salary.</u> Poor working conditions. c) Staff Shortage. <u>Poor payment.</u>	3 / 12
3) *INCOHERENT DECISION -MAKING* a) Sometimes it could be of the <u>rules the unit or matrons are dealing with them.</u> The point is unfairly disciplines to nurses. b) <u>Makes all decisions</u> and does not consider nurses problems.	2 / 12

4.6.2.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1)   CONCEPT: PHYSICAL ILLNESS

ENAs agreed that nurses' having physical illnesses contributed to absenteeism.

- Seventeen percent (17%) (n = 2 / 12 ENAs in total) answered the question.

2)   CONCEPT: LESS REMUNERATION

ENAs agreed that less remuneration to nurses contributed to absenteeism.

- Twenty five percent (25%) (n = 3 / 12 ENAs in total) answered the question.

3)   CONCEPT: INCOHERENT DECISION-MAKING

ENAs agreed that incoherent decision-making contributed to absenteeism.

- Seventeen percent (17%) (n = 2 / 12 ENAs in total) answered the question.

This section has dealt with the ENA nurse characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.6.3 ENAs NURSE MANAGER CHARACTERISTICS RESULTS

This section focuses on the presentation of results for ENAs on the nurse manager characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of Exact Binomial test of Significance, at α=5%, are as follows, in Table 4.16:

Table 4.16: ENAs Nurse Manager characteristics closed-ended results

ENA	ENA		
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Nurse manager Characteristics Q1: Makes all decisions and does not consider nurses opinions or ideas	14	6	Is not a cause
Nurse manager Characteristics Q2: Is very strict and unfriendly	11	9	Is not a cause
Nurse manager Characteristics Q3 Does not give positive encouragement or praise for work that is well done	12	8	Is not a cause
Nurse manager Characteristics Q4: Always is in conflict with the nurses	7	13	Is not a cause
Nurse manager Characteristics Q5: Makes the junior nurses run the ward	6	14	Is not a cause
Nurse manager Characteristics Q6; Treats nurses unequally in terms of ward duty and off duties	9	11	Is not a cause
Nurse manager Characteristics Q7: Doesn't have regular meetings or give feedback	3	17	Is not a cause

4.6.3.1 RESULTS:

This section focuses on the results, indicating the factors that caused nurse absenteeism. There were no factors that caused absenteeism as indicated Table 4.16.

4.6.4   ENAs NURSE MANAGER CHARACTERISTICS RESULTS

This section focuses on the presentation of results for ENAs on the nurse manager characteristics open-ended section. Table 4.17, shows the exact comments by ENAs as causing absenteeism, which were highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.17: ENAs Nurse Manager characteristics open-ended results

CONCEPT AND OPEN-ENDED ANSWERS BY NURSES EITHER ON DAY AND NIGHT DUTY	OVERALL PERCENTAGE OF NURSES AGREEING ON THIS FACTOR
1) UNFRIENDLY NURSE MANAGERS a) Unapproachable. b) Approaching nurses is important should a nurse be wrong in certain action. Treat all fairly, don't pick and choose.	2 / 10
2) INCREASED WORKLOAD a) Overworked, staff shortages. b) Work load.	2 / 10
3) FAVOURITSM a) Approaching nurses is important should a nurse be wrong in certain action. Treat all fairly, don't pick and choose. b) Favoritism. c) Poor leadership and directive skills. Favoritism.	3 / 10

4.6.4.1 RESULTS

This section focuses on the results, indicating the concepts contributed that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1) CONCEPT: UNFRIENDLY NURSE MANAGERS

ENAs agreed that unfriendly nurse managers contributed to absenteeism.

- Twenty percent (20%) (n = 2 / 10 ENAs in total) answered the question.

2) CONCEPT: INCREASED WORKLOAD

ENAs agreed that an increased workload contributed to absenteeism.

- Twenty percent (20%) (n = 2 / 10 ENAs in total) answered the question.

3) CONCEPT: FAVOURITSM

ENAs agreed that favouritsm by nurse managers contributed to absenteeism

- Thirty percent (30%) (n = 3 / 10 ENAs in total) answered the question.

This section has dealt with the ENA nurse manager characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.6.5 ENAs WORK CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for ENAs on the work characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of Exact Binomial test of Significance, at $\alpha=5\%$, is as follows in Table 4.18:

Table 4.18: ENAs Work characteristics closed-ended results

ENA	ENA		
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Work Characteristics Q1: They are tired of routine work, e.g., Having to make beds everyday	2	18	Is not a cause
Work Characteristics Q2: Their skills are not utilized as they do the same thing everyday, e.g., always doing vital signs	7	13	Is not a cause
Work Characteristics Q3: They work in an unfriendly environment	7	13	Is not a cause
Work Characteristics Q4: They are moved to a new ward everyday to cover staff shortage	12	8	Is not a cause
Work Characteristics Q5: They are over worked on a ward	17	3	Is a cause
Work Characteristics Q6: They have no job description resulting in them doing all types of work	8	12	Is not a cause
Work Characteristics Q7: The ward they work in does not allow for nurses to get days off that they want	10	10	Is not a cause
Work Characteristics Q8: They work long hours, e.g., 07:00 -19h00 causing nurses to get home late	17	3	Is a cause

4.6.5.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism, which were:

1) FACTOR: OVER-WORKED ON WARD

- Eighty five percent (85%) 17/20 ENAs agree and fifteen percent (15%) 3/20 ENAs disagree in question 5 that at work, "they are over worked on a ward" which causes absenteeism. The overall result was that this factor caused ENAs to be absent.

2) FACTOR: WORK LONG HOURS

- Eighty five percent (85%) 17/ 20 ENAs agree and fifteen percent (15%) 3/20 ENAs disagree in question 8 that at work, "they work long hours, e.g., 07:00 am - 07h00 pm causing nurses to get home late" causes absenteeism. The overall result was that this factor caused ENAs to be absent.

This section has dealt with the ENA work characteristics closed-ended results.

4.6.6 ENAs WORK CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for ENAs on the work characteristics open-ended section. Table 4.19, shows the exact comments by ENAs as causing absenteeism, which were highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.19: ENAs Work characteristics open-ended results

CONCEPT AND OPEN-ENDED ANSWERS BY NURSES EITHER ON DAY AND NIGHT DUTY	OVERALL PERCENTAGE OF NURSES AGREEING ON THIS FACTOR
1) NO EQUIPMENT a) Sometimes there is no enough equipments to do their work. b) Limited resources. c) Poor working environment. Lack of skilled workers. Lack of equipment. d) Shortage of equipments.	4 / 10
2) INCREASED WORKLOAD a) Over load of work. And shortage of staff. b) Doing strenuous work everyday. c) Heavy workload because of short staff, resulting that after doing your wok to your ward, you also have to cover to another ward in one day. d) Overwork.	4 / 10
3) SHORTAGE OF STAFF a) Heavy workload because of short staff, resulting that after doing your wok to your ward, you also have to cover to another ward in one day. b) Over load of work. And shortage of staff.	2 / 10
4) UNSATISFACTORY WORK CONDITIONS a) Poor hygiene of wards, overcrowding. b) Overcrowding. c) Poor working environment. Lack of skilled workers. Lack of equipment.	3 / 10

4.6.6.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1)   CONCEPT: NO EQUIPMENT

ENs agreed that no equipment contributed to absenteeism.

- Forty percent (40%) (n = 4 / 10 ENAs in total) answered the question.

2)   CONCEPT: INCREASED WORKLOAD

ENs agreed that an increased workload contributed to absenteeism.

- Forty percent (40%) (n = 4 / 10 ENAs in total) answered the question.

3)   CONCEPT: SHORTAGE OF STAFF

ENAs agreed that a shortage of staff contributed to absenteeism.

- Twenty percent (20%) (n = 2 / 10 ENAs in total) answered the question.

4)   CONCEPT: UNSATISFACTORY WORK CONDITIONS

ENAs agreed that unsatisfactory work conditions contributed to absenteeism.

- Thirty percent (30%) (n = 3 / 10 ENAs in total) answered the question.

This section has dealt with the ENA work manager characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.6.7 ENAs ORGANIZATION CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for ENAs on the organization characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of Exact Binomial test of Significance, at $\alpha=5\%$, is as follows in Table 4.20:

Table 4.20: ENAs Organization characteristics closed-ended results

ENA	ENA		
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Organization Characteristics Q1: Gives unfair promotions to certain nurses	15	5	Is a cause
Organization Characteristics Q2: Are short staffed which creates a heavy work load for other nurses	19	1	Is a cause
Organization Characteristics Q3: Have no equipment to provide quality-nursing care	15	5	Is a cause
Organization Characteristics Q4: Has no free staff health care clinic	13	7	Is not a cause
Organization Characteristics Q5: Has no reward system for nurses	17	3	Is a cause
Organization Characteristics Q6: Have poor physical conditions, e.g., Poor lighting, bad odour	8	12	Is not a cause
Organization Characteristics Q7: Have no health and safety protocols, e.g., gloves to wear whilst doing invasive procedures	4	16	Is not a cause
Organization Characteristics Q8: Have unfair discipline procedures, e.g., Nurses are given final written warnings without a fair hearing	9	11	Is not a cause
Organization Characteristics Q9: Unfairly select nurses for training	15	5	Is a cause

4.6.7.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism. which were:

1) **FACTOR: UNFAIR PROMOTIONS**

- Seventy five percent (75%) 15/20 ENAs agree and twenty five percent (25%) 5/20 ENAs disagree that the organizations "gives unfair promotions to certain nurses" which causes absenteeism. The overall result was that this factor caused ENAs to be absent.

2) **FACTOR: SHORT-STAFFED CREATING A HEAVY WORKLOAD FOR OTHER NURSES**

- Ninety five percent (95%) 19/20 ENAs agree and five percent (5%) 1/20 ENAs disagree that the organizations "are short-staffed which creates a heavy work load for other nurses" that causes absenteeism. The overall result was that this factor caused ENAs to be absent.

3) **FACTOR: NO EQUIPMENT**

- Seventy five (75%) ENAs agree and twenty five percent (25%) 5/20 ENAs disagree that the organizations "have no equipment to provide quality-nursing care" causes absenteeism. The overall result was that this factor caused ENAs to be absent.

4) **FACTOR: NO REWARD SYSTEM**

- Eighty five percent (85%) 17/20 ENAs agree and fifteen percent (15%) 3/20 ENAs disagree that the organization "has no reward system", causes absenteeism. The overall result was that this factor caused ENAs to be absent.

## 5)	FACTOR: UNFAIRLY SELECT NURSES FOR TRAINING

- Seventy five percent (75%) 15/20 ENAs agree and twenty five (25%) 5/20 ENAs disagree that the organization "unfairly select nurses for training" causes absenteeism. The overall result was that this factor caused ENAs to be absent.

This section has dealt with the ENA organization characteristics closed-ended results.

4.6.8 ENAs ORGANIZATION CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for ENAs on the organization characteristics open-ended section. Table 4.21, shows the exact comments by ENAs as causing absenteeism, which were highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.21: ENAs Organization characteristics open-ended results

CONCEPT AND OPEN-ENDED ANSWERS BY NURSES EITHER ON DAY AND NIGHT DUTY	OVERALL PERCENTAGE OF NURSES AGREEING ON THIS FACTOR
1) INCOHERENT DECISION-MAKING a) No motivation from the organization eg, reward at the end of the year as par of motivation of staff. They don't <u>involved staff to the problems of the organization</u> especially that involves nurses staff. b) <u>Making decision</u> without our opinions.	2 / 7

4.6.8.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

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1) CONCEPT: INCOHERENT DECISION-MAKING

ENAs agreed that incoherent decision-making contributes to absenteeism.

- Twenty nine percent (29%) (n = 2 / 7 ENAs in total) answered the question.

This section has dealt with the ENA organization characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.7 RNs NURSE CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for RNs on the nurse characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of Exact Binomial test of Significance, at α=5%, is as follows in Table 4.22:

Table 4.22: RNs Nurse characteristics closed-ended results

RN	RN	RN	RN
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Nursing Characteristics Q1: Suffer with physical sickness, e.g., Headaches	9	11	Is not a cause
Nursing Characteristics Q2: Have financial problems and moonlight for extra money	10	10	Is not a cause
Nursing Characteristics Q3: Take substances such as alcohol and drugs	4	16	Is not a cause
Nursing Characteristics Q4: Have family matters to attend, e.g. , Take sick child to the doctor	16	4	Is a cause
Nursing Characteristics Q5: Experience transport problems with no car, bus, taxi etc	13	7	Is not a cause
Nursing Characteristics Q6: Lack motivation to go to work as they feel stressed and tired of work	20	0	Is a cause
Nursing Characteristics Q7: Feel guilty when absent from work	7	13	Is not a cause

4.7.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism, which were:

1) FACTOR: FAMILY RESPONSIBILITY

- Eighty percent (80%) 16/20 RNs agree and (20%) 4/20 RNs disagree in question 4 that nurses "have family matters to attend, e.g. take sick child to the doctor" causes absenteeism. The overall result was that this factor caused RNs to be absent.

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2) FACTOR: LACK MOTIVATION TO GO TO WORK DUE TO STRESS

- One hundred percent (100%) 20/20 RNs agree and zero percent (0%) 0/20 RNs disagree that nurses "lack motivation to go to work as they feel tired and stressed". The overall result was that this factor caused RNs to be absent.

This section has dealt with the RN nurse characteristics closed-ended results.

4.7.2 RNs NURSE CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for RNs on the nurse characteristics open-ended section. Table 4.23, shows the exact comments by RNs as causing absenteeism, which were highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.23: RNs Nurse characteristics open-ended results

CONCEPT NURSES AGREED CAUSING NURSE ABSENTEEISM:	TOTAL NUMBER OF NURSES AGREEING ON THIS CONCEPT CAUSING NURSE ABSENTEEISM:
1) FAMILY RESPONSIBILTY: a) Nurse managers do not understand when nursing staff have a problem, eg: child is sick. b) Many nurses in training have now other responsibilities eg: family, exams. c) They are restricted to family responsibility leave eg. Gets leave if mother or husband passed not for siblings.	3 / 15
2) INCREASED WORKLOAD: a) Nurses are stressed out and tired due to the increase in the workload and shortage of staff. b) Nurses are overworked. c) Poor working condition. Overworked, underpaid. d) Increase workload, burnout. e) Nurses are suffering from burnout due to the increase in turnover of patients. Other staff members are moonlighting while their colleagues have to double up their workload. f) Overworked – underpaid.	6 / 15
3) SOCIAL RESPONSIBILITY: a) Social problems such as abuse by husbands, depression, etc. b) Social problems	2 / 15
4) LESS REMUNERATION: a) Overworked – underpaid. b) Nurses are suffering from burnout due to the increase in turnover of patients. Other staff members are moonlighting while their colleagues have to double up their workload. c) Poor working condition. Overworked, underpaid.	3 / 15
5) BURNOUT: a) Nurses are suffering from burnout due to the increase in turnover of patients. Other staff members are moonlighting while their colleagues have to double up their workload. b) Increase workload, burnout c) Nurses are stressed out and tired due to the increase in the workload and shortage of staff.	3 / 15

Table 4.23: RNs nurse characteristics open-ended result CHARRESULTS

4.7.2.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1)   CONCEPT: FAMILY RESPONSIBILITY

RNs agree that family responsibility contributes to absenteeism.

- Twenty percent (20%) (n = 3 / 15 RNs in total) answered the question.

2)   CONCEPT: INCREASED WORKLOAD

RNs agree that an increased workload contributes to absenteeism.

- Twenty seven percent (27%) (n = 4 / 15 RNs in total) answered the question.

3)   CONCEPT: SOCIAL RESPONSIBILTY

RNs agree that social responsibility contributes to absenteeism.

- Thirteen percent (13%) (n = 2 / 15 RNs in total) answered the question.

4)   CONCEPT: LESS REMUNERATION

RNs agree that less remuneration contributes to absenteeism.

- Twenty percent (20%) (n = 3 / 15 RNs in total) answered the question.

5)   CONCEPT: BURNOUT

RNs agree that burnout contributes to absenteeism.

- Thirteen percent (13%) (n = 2 / 15 RNs in total) answered the question.

This section has dealt with the RN nurse characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.7.3 RNs NURSE MANAGER CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for RNs on the nurse manager characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of The Exact Binomial test of Significance, at α=5%, is as follows in Table 4.24:

Table 4.24: RNs Nurse Manager characteristics closed-ended results

RN	RN	RN	RN
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Nurse manager Characteristics Q1: Makes all decisions and does not consider nurses opinions or ideas	9	11	Is not a cause
Nurse manager Characteristics Q2: Is very strict and unfriendly	8	12	Is not a cause
Nurse manager Characteristics Q3: Does not give positive encouragement or praise for work that is well done	12	8	Is not a cause
Nurse manager Characteristics Q4: Always is in conflict with the nurses	8	12	Is not a cause
Nurse manager Characteristics Q5: Makes the junior nurses run the ward	7	13	Is not a cause
Nurse manager Characteristics Q6: Treats nurses unequally in terms of ward duty and off duties	9	11	Is not a cause
Nurse manager Characteristics Q7: Doesn't have regular meetings or give feedback	8	12	Is not a cause

4.7.3.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism. There were no factors that caused nurse absenteeism as indicated in Table 4.24.

4.7.4 RNs NURSE MANAGER CHARACTERISTICS OPEN-ENDED RESULTS

This section focuses on the presentation of results for RNs on the nurse manager characteristics open-ended section. Table 4.25, shows the exact comments by RNs as causing absenteeism, which were highlighted under the developed concepts by the researcher. The researcher indicated the emergence of concepts, by having underlined parts of participant's comments. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

Table 4.25: RNs Nurse Manager characteristics closed-ended results

CONCEPT NURSES AGREED CAUSING NURSE ABSENTEEISM:	TOTAL NUMBER OF NURSES AGREEING ON THIS CONCEPT CAUSING NURSE ABSENTEEISM:
1) FAVOURITSM a) Favoritism. b) Favoritism- gang up with colleagues- showing favoritism with colleagues for extra breaks. c) Favoritism.	3 / 12
2) UNFRIENDLY NURSE MANAGERS a) Some nurse managers are unapproachable and not empathetic enough to their staff. b) Insubordination.	2 / 12
3) NO MOTIVATION a) Does not work with them and motivate them. b) Does not give praise for work well done.	2 / 12

4.7.4.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1)   CONCEPT: FAVOURITSM

RNs agree that favouritsm by the nurse manager contributes to absenteeism.

- Twenty five percent (25%) (n = 3 / 15 RNs in total) answered the question.

2)   CONCEPT: UNFRIENDLY NURSE MANAGERS

RNs agree that unfriendly nurse managers contributes to absenteeism.

- Seventeen percent (17%) (n = 2 / 15 RNs in total) answered the question.

3)   CONCEPT: NO MOTIVATION

RNs agree that no motivation by the nurse manager contributes to absenteeism.

- Seventeen percent (17%) (n = 2 / 15 RNs in total) answered the question.

This section has dealt with the RN nurse manager characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.7.5 RNs WORK CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for RNs on the work characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of The Exact Binomial test of Significance, at α=5%, is as follows in Table 4.26:

Table 4.26: RNs Work characteristics closed-ended results

RN			
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Work Characteristics Q1: They are tired of routine work, e.g., Having to make beds everyday	8	12	Is not a cause
Work Characteristics Q2: Their skills are not utilized as they do the same thing everyday, e.g., always doing vital signs	11	9	Is not a cause
Work Characteristics Q3: They work in an unfriendly environment	5	15	Is not a cause
Work Characteristics Q4: They are moved to a new ward everyday to cover staff shortage	15	5	Is a cause
Work Characteristics Q5; They are over worked on a ward	19	1	Is a cause
Work Characteristics Q6: They have no job description resulting in them doing all types of work	5	15	Is not a cause
Work Characteristics Q7: The ward they work in does not allow for nurses to get days off that they want	8	12	Is not a cause
Work Characteristics Q8: They work long hours, e.g., 07:00 -19h00 causing nurses to get home late	19	1	Is a cause

4.7.5.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism, which were:

1) **FACTOR: MOVED TO A NEW WARD EVERYDAY TO COVER STAFF SHORTAGE**

- Seventy five (75%) 15/20 RNs agree and twenty five percent (25%) 5/20 RNs disagree in question 4 that at work, "they are moved to a new ward everyday to cover staff shortage". The overall result was that this factor caused RNs to be absent.

2) **FACTOR: OVER-WORKED ON WARD**

- Ninety five percent (95%) 19/20 RNs agree and five percent (5%) 1/20 RNs disagree in question 5 that at work, "they are over worked on a ward" which causes absenteeism. The overall result was that this factor caused RNs to be absent.

3) **FACTOR: WORK LONG HOURS**

- Ninety five percent (95%) 19/20 RNs agree and (5%) 1/20 RNs disagree in question 8 that at work, "they work long hours, e.g., 07:00 am - 07h00 pm causing nurses to get home late" causes absenteeism. The overall result was that this factor caused RNs to be absent.

This section has dealt with the RN work characteristics closed-ended results.

4.7.6 RNs WORK CHARACTERISTICS OPEN-ENDED RESULTS

Table 4.27, highlights the concepts agreed by RNs that cause nurse absenteeism under the work characteristics. Concepts that cause absenteeism, was determined through data analysis with content analysis and coding, with frequency distribution and frequency counts. Concepts, which were considered as causing nurse absenteeism, was agreed by more than one nurse, in this study. Table 4.27, highlights the concepts as causing nurse absenteeism under the nurse manager characteristics.

Table 4.27: RNs Work characteristics open-ended results

CONCEPT NURSES AGREED CAUSING NURSE ABSENTEEISM:	TOTAL NUMBER OF NURSES AGREEING ON THIS CONCEPT CAUSING NURSE ABSENTEEISM:
1) OFF- DUTY DISPARITY a) Nurses <u>discontented</u> due to <u>off duty</u> requests not granted for special occasion. b) When <u>off duties</u> or allocation is <u>changed suddenly.</u>	2 / 12
2) INCREASED WORKLOAD a) <u>Overworked</u> nurses tend to stay away from work . b) Too few staff for large number of patients, <u>unable to cope with work load.</u> c) <u>Work overload.</u>	3 / 12
3) LESS REMUNERATION a) Nurses work overtime <u>but do not get paid for it-get time off.</u> b) Nurses that come to work faithfully are used to cover other wards where staff are frequently absent from work and are <u>moonlighting collecting two salaries.</u>	2 / 12
4) SHORTAGE OF STAFF a) <u>Too few staff</u> for large number of patients, unable to cope with work load. b) <u>Shortage of staff</u>. More patients admitted even there's no beds available. Shortage of equipment.	2 / 12
5) NO EQUIPMENT a) Shortage of staff. More patients admitted even there's no beds available. <u>Shortage of equipment.</u> b) <u>Shortage of equipment.</u>	2 / 12
5) INCREASED PATIENT TURNOVER a) Too few staff for <u>large number of patients</u>, unable to cope with work load. b) Shortage of staff. <u>More patients admitted</u> even there's no beds available. Shortage of equipment.	2 / 12

4.7.6.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1) CONCEPT: OFF-DUTY DISPARITY

RNs agreed that an off-duty disparity contributes to absenteeism.

- Seventeen (17%) (n = 2 / 12 RNs in total) answered the question.

2) CONCEPT: INCREASED WORKLOAD

RNs agreed that an increased workload contributes to absenteeism.

- Seventeen percent (17%) (n = 2 /12 RNs in total) answered the question.

3) CONCEPT: LESS REMUNERATION

RNs agreed less remuneration contributes to absenteeism.

- Seventeen percent (17%) (n = 2 / 12 RNs in total) answered the question.

4) CONCEPT: SHORTAGE OF STAFF

RNs agreed a shortage of staff contributes to absenteeism.

- Twenty five percent (25%) (n = 3 / 12 RNs in total) answered the question.

5) CONCEPT: NO EQUIPMENT

RNs agreed that no equipment contributes to absenteeism.

- Seventeen percent (17%) (n = 2/12 RNs in total) answered the question.

6) CONCEPT: INCREASED PATIENT TURNOVER

RNs agreed that an increased patient turnover contributes to absenteeism.

- Seventeen percent (17%) (n = 2/12 RNs in total) answered the question.

This section has dealt with the RN work characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

4.7.7 RNs ORGANIZATION CHARACTERISTICS CLOSED-ENDED RESULTS

This section focuses on the presentation of results for RNs on the organization characteristics closed-ended section. Factors that cause absenteeism, determined through data analysis with statistical use of The Exact Binomial test of Significance, at $\alpha=5\%$, is as follows in Table 4.28:

Table 4.28: RNs Organization characteristics closed-ended results

RN	RN		
	NUMBER OF NURSES AGREE	NUMBER OF NURSES DISAGREED	CONCLUSION AS CAUSING OR NOT CAUSING ABSENTEEISM
Organization Characteristics Q1 Gives unfair promotions to certain nurses	17	3	Is a cause
Organization Characteristics Q2 Are short staffed which creates a heavy work load for other nurses	20	0	Is a cause
Organization Characteristics Q3 Have no equipment to provide quality-nursing care	18	2	Is a cause
Organization Characteristics Q4 Has no free staff health care clinic	15	5	Is a cause
Organization Characteristics Q5 Has no reward system for nurses	18	2	Is a cause
Organization Characteristics Q6 Have poor physical conditions, e.g., Poor lighting, bad odour	14	6	Is not a cause
Organization Characteristics Q7 Have no health and safety protocols, e.g., gloves to wear whilst doing invasive procedures	4	16	Is not a cause
Organization Characteristics Q8 Have unfair discipline procedures, e.g., Nurses are given final written warnings without a fair hearing	4	16	Is not a cause
Organization Characteristics Q9 Unfairly select nurses for training	14	6	Is not a cause

4.7.7.1 RESULTS

This section focuses on the results, indicating the factors that caused nurse absenteeism, which were:

1) **FACTOR: UNFAIR PROMOTIONS**

- Eighty five percent (85%) 17/20 RNs agree and fifteen percent (15%) 3/20 RNs disagree in question 1 that the organizations "gives unfair promotions to certain nurses" which causes absenteeism. The overall result was that this factor caused RNs to be absent.

2) **FACTOR: SHORT-STAFFED CREATING A HEAVY WORKLOAD FOR OTHER NURSES**

- One hundred percent (100%) 20/20 RNs agree and zero percent (0%) 0/20 RNs disagree in question 2 that the organizations "are short-staffed which creates a heavy work load for other nurses" that causes absenteeism. The overall result was that this factor caused RNs to be absent.

3) **FACTOR: NO EQUIPMENT**

- Ninety percent (90%) 18/20 RNs agree and ten percent (10%) 2/20 RNs disagree in question 3 that the organizations "have no equipment to provide quality-nursing care" causes absenteeism. The overall result was that this factor caused RNs to be absent.

4) **FACTOR: NO FREE STAFF HEALTH CARE CLINIC**

- Seventeen five percent (75%) 15/20 RNs agree and twenty five percent (25%) 5/20 RNs disagree in question 4 that the organization "has no free staff health care clinic", causes absenteeism. The overall result was that this factor caused RNs to be absent.

5)   FACTOR: NO REWARD SYSTEM

- Ninety percent (90%) 18/20 RNs agree and ten percent (10%) 2/20 RNs disagree in question 5 that the organization "has no reward system", causes absenteeism. The overall result was that this factor caused RNs to be absent.

This section has dealt with the RN organization characteristics closed-ended results.

4.7.8   RNs ORGANIZATION CHARACTERISTICS OPEN-ENDED RESULTS

Table 4.29, highlights the concepts agreed by RNs that cause nurse absenteeism under the organization characteristics. Concepts that cause absenteeism, was determined through data analysis with content analysis and coding, with frequency distribution and frequency counts. Concepts, which were considered as causing nurse absenteeism, was agreed by more than one nurse, in this study. Table 4.29, highlights the concepts as causing nurse absenteeism under the nurse manager characteristics.

Table 4.29: RNs Organization characteristics open-ended results

CONCEPT NURSES AGREED CAUSING NURSE ABSENTEEISM:	TOTAL NUMBER OF NURSES AGREEING ON THIS CONCEPT CAUSING NURSE ABSENTEEISM:
1) NO INCENTIVES: a) Do not offer reward or incentives to nurses. b) No incentives.	2 / 9
2) FAVOURITSM: a) Staff are treated unfairly cannot express their opinions. Unfair promotions. b) Favoritism, some individuals are put to work in very comfortable departments and never moved while others are left to struggle in busy areas.	2 / 9

4.7.8.1 RESULTS

This section focuses on the results, indicating the concepts that contributed to nurse absenteeism. The number of nurses out of a total number of nurses that did attempt to answer is calculated. The concepts that caused nurse absenteeism are:

1)   CONCEPT: NO INCENTIVES

RNs agree that no incentives contribute to absenteeism.

- Twenty two percent (22%) (n = 2 / 9 RNs in total) answered the question.

2)   CONCEPT: FAVOURITSM

RNs agree that favouritsm contribute to absenteeism.

- Twenty two percent (22%) (n = 2 / 9 RNs in total) answered the question.

This section has dealt with the RN organization characteristics open-ended results. Concepts were developed as causing absenteeism by the researcher, under which exact comments from participants were highlighted.

CHAPTER 5

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

This section focuses on the discussion of the study findings from the closed and open-ended sections, combined if similar or separately if there are any new factors or concepts causing absenteeism, for RNs, ENs and ENAs. This section is introduced by describing the research objectives of the study. These are:

1. To identify and describe the individual nurse characteristics that causes nurse absenteeism.
2. To identify and describe the individual nurse manager characteristics that causes nurse absenteeism.
3. To identify and describe the individual work characteristics that causes nurse absenteeism.
4. To identify and describe the individual organization characteristics that causes nurse absenteeism.
5. To provide recommendations where possible, to identified and described characteristics that cause nurse absenteeism.

As each research objective allow identifying and describing the nurse, nurse manager, work and organization characteristics causing absenteeism, conclusions are drawn on what characteristics cause nurse absenteeism, from the closed and open-ended sections.

There are also recommendations made to Hospital X to curb absenteeism of nurses by the researcher.

5.1   DISCUSSION OF RNs, ENs AND ENAs RESPONSES TO NURSE CHARACTERISTICS QUESTIONS

This section focuses on a discussion of the results of the RNs', ENs' and ENAs' responses to the nurse characteristics, from the closed and open-ended section, combined if the same or separately if dissimilar.

1)   FINANCIAL PROBLEMS

The overall result was that ENs agreed that this factor did cause nurse absenteeism, in the closed-ended results. However, ENs, ENAs and RNs agreed that financial problems contribute to nurse absenteeism, in the open-ended results.

The open-ended results revealed that nurses in this study mentioned they were paid too little for the poor working conditions they encountered. Ose (2005: 168) states that if a working environment is poor, with a wage not compensating for the poor working conditions, there will be absenteeism of employees.

Nurses also mentioned that whilst other nurses "moonlighted", they had to work very hard in place of the absent staff, with no additional remuneration or reward. RNs and ENs of the study particularly mentioned that nurses were not additionally remunerated for the additional hours worked and tasks done in a short-staffed workforce. Nyathi's (2005: 119) study found that financial problems of employees caused nurse absenteeism. Similarly, Greipp (2003: 321) states that a factor causing nurse shortage is salary. Nurses have been dissatisfied for a long time and should be rewarded by a better salary.

Employee financial stress as Garman, Leech and Grable (1996: 1) emphasize, can be detrimental, affecting employee productivity. People have financial stress, for example, family responsibilities. This impacts negatively on an employee, leading to absenteeism of the employee.

Agreeably, Garman et al. (1996: 6) adds that employees absent themselves from work, to sort out problems of their financial dilemmas. Employees have to make arrangements, for instance, with financial institutions for sources of credit, causing absenteeism. Masemola's (2003: 78) study too found that employees were absent from work owing to financial problems. Employees were spending more time on the phone or away from work to sort out financial problems.

2) FAMILY RESPONSIBILITY

The overall result was that RNs, ENs and ENAs agreed that this factor did cause nurse absenteeism, in the closed-ended results. However, RNs agreed that family responsibility contribute to nurse absenteeism, in the open-ended results.

The open-ended results revealed that nurses in this study mentioned that they had too many responsibilities such as career related training, parental responsibilities and other external responsibilities. Nyathi's (2005: 119) study found that family responsibility and looking after sick family members, caused nurse absenteeism. Penn-Kekana's et al. (2005) study too state that family responsibility was a major determinant of nurses not being at work.

Furthermore, staff commented that nurses absented themselves due to not having leave such as emergency leave. Being absent for reasons of illness, was to only attend to family responsibilities, by employees. Chauke's (2007: 62) study found that employees were absent from work owing to domestic or family demands. Family demands, influences nurse absenteeism according to Erikson, Nichols and Ritter (2000: 266). Johnson and Indvik (1997: 3) agree that nurses have to look after family members at home whilst bearing financial obligations. This type of financial obligation leads to employee stress-related illnesses, causing the employee to be absent from work.

3)   TRANSPORT PROBLEMS

The overall result was that ENAs agreed that this factor did cause nurse absenteeism, in the closed-ended results. Van Der Westhuizen's (2006: 130) study found that employees got to work by the use of public transport. Along with the long working hours, the use of public transport was unreliable and unavailable at times, affecting employee's work attendance.

4)   LACK MOTIVATION TO GO TO WORK DUE TO STRESS

The overall result was that RNs, ENs, ENAs agreed that this factor did cause nurse absenteeism, in the closed-ended results. Mariani et al. (2003) cite extra work as such, a lack of recognition and no pay and low salary. These stressors were a major de-motivation factor to nurses. Savery and Luks (2001: 2) agree that stress manifests itself in the form of low morale, high turnover of employees and absenteeism.

Bennet (2002: 10) states that additional job demands, difficult work environment, poor social relationships between management and employees coupled with low morale, contributed to employees' stress, directly or indirectly contributing to a high level of absenteeism. Essentially, Bakker, Demerouti, de Boer and Schaufeli (2003: 342) indicate that job stress relates to physical and behavioral outcomes such as being absent.

5)   SHORTAGE OF STAFF

ENs agreed that a shortage of staff contributes to nurse absenteeism, in the open-ended results. A shortage of staff, leads to copious amounts of work upon existing staff, causing exhaustion and then absenteeism. White and Rice (2001: 65) too emphasize that changes in the health care environment, which affect nurses, causes an increase in stress, burnout, job dissatisfaction and staff turnover and fewer nurses on the job.

6) PHYSICAL ILLNESS

ENs and ENAs agreed that physical illness contributes to nurse absenteeism, in the open-ended results. Some nurses were seen as being ill, due to the working environment. Adverse working conditions such as lifting patients without proper equipment impacts negatively such as muscular injury unto an employee. Ose (2005: 162) states that employees who face physical exhaustion and psychological pressure at work, is likely to be absent. Physical strain at work can involve sickness and strain to an employee causing him or her to be absent from work.

Nurses also mentioned that employees reported ill and absented themselves from work. Chauke's (2007: 62) study found that employees were absent from work because they were ill. Nyathi's (2005: 120) study found that stress related illnesses were a main contributor to absenteeism of nurses.

7) OFF-DUTY DISPARITY

ENs agreed that an off-duty disparity contributes to nurse absenteeism, in the open-ended results. Aspects such as a long shift which tires nurses and not being informed when off-duties were changed were causal factors to absenteeism. In particular, nurses felt that any prior arrangements made affecting their personal lives, was unfavourable to the sudden off-duty change. So too, Shader et al. (2001: 214) state that constantly changing schedules of staff is detrimental. Constant changing is disruptive to the employee and family. Unstable off duty scheduling causes decreased morale, stress and decreased satisfaction.

8) INCOHERENT DECISION-MAKING

ENAs agreed that incoherent decision-making contributes to nurse absenteeism, in the open-ended results. Decision-making was incoherent involving only senior management.

ENAs were not consulted on any active decision taken in the organization, creating a feeling of insignificance of the employee. Bennett (2002: 6) emphasizes that when nurses are not given the opportunity to act on their initiative, find that their work boring. This causes low morale and absenteeism in the workplace.

9)   SOCIAL PROBLEMS

RNs agreed that social problems contributes to nurse absenteeism, in the open-ended results. Nurses experienced social problems such as alcohol abuse at home, causing absenteeism. Rowland and Rowland (1997: 526) adapted in Nyathi (2005:20) state that personal trauma or traumatic experiences in a nurses personal life, could lead to absenteeism.

10)   BURNOUT

RNs agreed that burnout contributes to nurse absenteeism, in the open-ended results. RNs found that there is an increased workload, which exhausts them. Being qualified nurses, meant that they assumed responsibility and accountability in the organization. With having to carry out managerial responsibilities and physical ward duties, impacted negatively on RNs, leading to burnout and causing absenteeism. Similarly, Erikson et al. (2002: 2) state that nurse service work factors such as job stress, psychological stress, job strain, physical workload are associated with high rates of sickness absenteeism.

The causal factors of absenteeism owing to nurse characteristics were:
- Financial problems; family matters to attend to; transport problems; employees lacking motivation to go to work; short-staffed; physical illness; off-duty disparity; incoherent decision-making; social responsibility and burnout.

5.2 DISCUSSION OF RNs, ENs AND ENAs RESPONSES TO NURSE MANAGER CHARACTERISTICS QUESTIONS

This section focuses on a discussion of the results of the RNs', ENs' and ENAs' responses to the nurse manager characteristics, from the closed and open-ended section, combined if the same or separately if dissimilar.

1) UNFRIENDLY NURSE MANAGERS

ENs, ENAs and RNs agreed that unfriendly nurse managers contribute to nurse absenteeism, in the open-ended results. Nurse managers, in this study, were viewed by some staff as being unapproachable, unfriendly and autocratic in their interaction with staff. Sekhukhune's study (2005: 236) of psychiatric nurses in South African psychiatric institutions, found that nurses were suspicious and often fearful of being reprimanded for causing mistakes, by the nurse manager. This trepidation caused nurse absenteeism due to fear of being approached by the unit manager on any work inconsistency by employees.

Even Nolan and Smojkis (2003: 3) state that greater job satisfaction and lowered absenteeism rates could prevail, in a work environment fraught with high workloads, where there is shared governance among the employees.

2) FAVOURITSM

ENs, ENAs and RNs agreed that favouritism contribute to nurse absenteeism, in the open-ended results. Favouritsm included racism to staff as ENs and ENAs especially felt that the nurse manager was racist to staff. Furthermore, the nurse manager displayed favouritism when a disciplinary matter with staff was raised. Fletcher (2001: 328) stresses that favouritism in the workplace has serious implications. Nurses are constantly complaining that the unit manager is biased amongst certain staff, stressing nurses, hence, leading to absenteeism.

3) OFF-DUTY DISPARITY

ENs agreed that an off-duty disparity contribute to nurse absenteeism, in the open-ended results. Off-duty disparities included duties not efficiently allocated to staff, unfair off-duties allocated and off-duty requests not taken into consideration when drafting the duty roster. Penn-Kekana et al. (2005: 34) too states that nurses expressed much discomfort with inflexibility of rotation and shift allocation.

4) INCREASED WORKLOAD

ENAs agreed that an increased workload contributes to nurse absenteeism, in the open-ended results. An increased workload coupled with staff shortage, creates work related pressure, leading to illness and then causing nurse absenteeism. McHugh (2001: 49) interestingly states that subordinate category employees are absent more often due to stress related illnesses than top management. Therefore, ENAs who are lower category nurses, mention that there are increased workloads.

5) LACK OF MOTIVATION TO GO TO WORK DUE TO STRESS

RNs agreed that lack of motivation contributes to nurse absenteeism, in the open-ended results. Nurse manager, do not work with staff and inspire good work, let alone recognize work that is well done. Likewise, Chauke's (2007: 62) study found that some employees were absent from work due to low morale. These employees faced a lack of motivation at work due to poor salaries, stress and unfavorable working shifts.

As further indicated by Mathena (2002: 138) managers should be able to direct staff, achieve orientation, group manage, as some competencies of a nurse manager. Bennett (2002: 10) further stresses that a good relationship between management and staff fosters a higher level of work attendance.

The causal factors of absenteeism owing to nurse manager characteristics were:
- Unfriendly nurse managers; favoritism; off-duty disparity; increased workload and a lack of motivation to go to work due to stress.

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5.3 DISCUSSION OF RNs, ENs AND ENAs RESPONSES ON WORK CHARACTERISTICS QUESTIONS

This section focuses on a discussion of the results of the RNs', ENs' and ENAs' responses to the work characteristics, from the closed and open-ended section, combined if the same or separately if dissimilar.

1) MOVED TO A NEW WARD TO COVER STAFF SHORTAGE

RNs and ENs agreed that staff are moved to new ward everyday to cover staff shortages and this causes nurse absenteeism, in the closed-ended results. However, RNs, ENs and ENAs agree that a shortage of staff contributes to nurse absenteeism, in the open-ended results.

Results from the open-ended section, highlights that nurses in the study felt that their organization was short-staffed and they incurred a very heavy workload. Staff shortage meant that staff in certain wards, were forced to other short staffed wards to assist in duties, by managers. Nurses had to do duties pertaining to that ward, which may be unfamiliar to themselves. This creates uneasiness and tension in the work environment, due to an unfamiliar setting. La Duke (2000: 163) agreeably states that inappropriate staff placement is a negative encounter. Patients are prone to harm by malpractices by nurses. Nurses do not like to work in unfamiliar areas. If they must do so, they have many grievances, leading to disruption of the organization. Hence, an unfamiliar environment setting can cause discomfort and confuse employees and supervisors.

2) OVER-WORKED ON WARD

RNs, ENs and ENAs agreed that nurses are over-worked on a ward and this causes nurse absenteeism, in the closed-ended results. So too, RNs, ENs and ENAs agree that an increased workload contributes to nurse absenteeism, in the open-ended results.

McHugh (2001: 51) explains that increased workloads meant that a short-staffed workforce cannot cope with an increased workload. The extra work incurred by remaining employees, causes much resentment amongst employees. Management ignores the absence of workers. The un-addressed absence by management towards employees has a negative influence on employees. Employees at work react by "taking off" a day from work, creating a spiral affect of further absenteeism.

Nurses in the study also complained that there was an increased patient turnover, and staff are overworked. Nurses have to deal with numerous patient concerns and managerial responsibilities simultaneously, creating unbearable workloads. Strachota, Normandin, O'Brien, Clary and Kruckow (2003: 112) state that heavy patient workloads increase both mental and physical demands on workers. Morgan, Semchuk, Stewart and D'Arcey (2002: 152) additionally comment that strain and burnout are frequent terms used. Being over-worked is a condition, creating demands that exceeds the individual adaptive resources. Aspects linked to strain are adverse job conditions leading to impaired performance and decreased productivity and increased absenteeism rate of employees As Morgan, Semchuk, Stewart and D'Arcey (2002: 152) highlight.

3)   WORK LONG HOURS

RNs and ENAs agreed that nurses work long hours, e.g. 07h00 am-07h00 pm and this causes absenteeism, in the closed-ended results. Greenslade and Paddock (2007) highlighted that organizations have undergone major restructuring and downsizing and that there increased patient numbers with fewer staff to care for patients. Nurses were forced to work extra hours and overtime hours, impacting negatively then as absenteeism. Similarly, Chauke's study (2007: 62) found that an organizational contributor to absence from work was to the awkward shifts that they were allocated.

4)   LESS REMUNERATION

RNs agreed that less remuneration staff contributes to nurse absenteeism, in the open-ended results. Staff were moonlighting for extra income whilst other staff were absent from work owing to personal reasons. This has a spiral effect where staff at work were aware that absent staff were 'moonlighting' and they were doing the absent staffs' work. Furthermore, the extra work hours in which staff put in, did not entitle them to any extra pay. Therefore, some staff were absent owing to a lack of adequate pay and reimbursement, whist other staff are moonlighting for their own advantage. Wing (1999: 25) states that there is a link between absenteeism of nurses and the high proportion of nurses who do second jobs or agency work.

5)   OFF-DUTY DISPARITY

RNs agreed that an off-duty disparity contributes to nurse absenteeism, in the open-ended results. Off-duties were suddenly changed without consultation with the staff concerned. Furthermore, staff requests were not granted for special occasions. Shamian et al. (2003: 7) states that nurses cited irregular scheduling of shifts, as a reaction for high absenteeism.

6)   NO EQUIPMENT

RNs, ENs and ENAs agreed that no equipment contributes to nurse absenteeism, in the open-ended results. Staff commented that a lack of equipment meant an increased risk to exposure to infections. Shortage of gloves, as mentioned by nurses, forced to work without gloves, exposing them to infections. Staff thus become sick and are absent from work. Sekhukhune (2005: 236) states that nurses were stressed owing to the environment in which they worked. Nurses felt that wards were no equipped effectively to deal with patient needs. Nurses had to borrow equipment from other wards. As a result nurses felt stressed and were absent from work, owing to sickness.

7)   UNSATISFACTORY WORK CONDITIONS

ENs and ENAs agreed that unsatisfactory work conditions contribute to nurse absenteeism, in the open-ended results. Staff had to work in poorly ventilated environments with insufficient equipment, which exposed them to a host of infections.

Nurses in this study, complained that they were not treated as professionals as they worked in poor conditions, causing absenteeism. Gamperiene, Nygard, Sandanger, Waersted and Bruusgaard (2006) state that work conditions impact very negatively on the employees' mental and physical well-being. So much so that in Norway, this results in employee absenteeism. Basu and Gupta (2007) state that poor working conditions affect staff shortages. Nurses are immensely stressed in the work environment and express discontent by having high absenteeism rates.

Malvarez, Agudelo, Malvarez and Castrillion (2005: 26) emphasize that nurses face much dissatisfaction owing to the poor working conditions. Malvarez et al. (2005: 28) further state that nurses are severely stressed by long and demanding work hours, which they have to work.

8)   BURNOUT

ENs agreed that burnout of nurses contribute to nurse absenteeism, in the open-ended results. Nurses were stressed at work due to the increased workload, caused by staff shortages. Nurses eventually found themselves a situation of burnout. Coetzee and Rothmann (2004: 2) highlight that burnout exists not only in the helping profession but also in other occupational groups. Burnout of an individual results in low morale, lowered productivity and absenteeism. Ho (1997: 3) is of the opinion that stress of employees is the causal factor of much absenteeism amongst employees.

9)   STRESS

ENs agreed that stress suffered by nurses contribute to nurse absenteeism, in the open-ended results. Nurses were stressed at work owing to the increased workload they faced. This stress led to sickness and burnout. Ho (1997: 5) highlighted that the primary causes for absenteeism were social and psychological, including work stress.

10)   INCREASED PATIENT TURNOVER

RNs agreed that increased patient turnover contribute to nurse absenteeism, in the open-ended results. Essentially, staff cannot cope with the large patient numbers, coupled with fewer staff and more limited beds for patients. Greenglass et al. (2002) agrees that there are fewer qualified staff and there is an increased workload. There are more sick patients. Ultimately, the increased patient turnover impacted on job satisfaction, which is now negatively perceived, contributing to nurse absenteeism.

The causal factors of absenteeism owing to work characteristics were:
They are moved to a new ward everyday to cover staff shortage; they are overworked on ward; they work long hours; less remuneration; increased workload; off-duty disparity; no equipment; unsatisfactory work condition; burnout; stress; and an increased patient turnover.

5.4 DISCUSSION OF RNs, ENs AND ENAs RESPONSES TO ORGANIZATION CHARACTERISTICS QUESTIONS

This section focuses on a discussion of the results of the RNs', ENs' and ENAs' responses to the organization characteristics, from the closed and open-ended section, combined if the same or separately if dissimilar.

1) UNFAIR PROMOTIONS

RNs and ENAs agreed that unfair promotions contribute to nurse absenteeism, in the closed-ended results. Penn-Kekana's et al. (2005: 34) study indicated that staff had been unsatisfied with the fact that management favored staff, when it came to promotions and training. This dissatisfaction has prompted staff to leave their places of employment and the hospitals they worked in.

2) SHORT-STAFFED CREATING A HEAVY WORKLOAD FOR OTHER NURSES

RNs, ENs and ENAs agreed that short staffing contribute to nurse absenteeism in the closed-ended results. Priest (2004: 10) states that nursing as a profession is faced with a serious understaffing crisis. Nurses are thus forced to cope with inadequate support from management and the situation at work is worsened. Priest (2004: 10) further stresses that job strain caused through a heavy workload, causes absenteeism.

3) NO EQUIPMENT

RNs, ENs and ENAs agreed that no equipment caused nurse absenteeism, in the closed-ended results. Sekhukhune's study (2005: 89) of psychiatric nurses in South African psychiatric institutions, found that nurses were frustrated owing to the lack of support by management, in terms of receiving human and material resources to cater for quality patient care. Bakker et al. (2003) states that jobs which lack in resources cause frustration among employees.

Employees suffer job stress, where the employee cannot cope with work demands. Therefore, the employee absents him or herself as a coping mechanism to cope with job stress.

4)   NO FREE STAFF HEALTH CARE CLINIC

RNs agreed that no free staff health clinic caused nurse absenteeism, in the closed-ended results. Basson's study (2005: 13) highlighted that working days were lost due to sickness absenteeism. Shamian, O' Brien-Pallas, Thomson, Alksanis and Kerr (2003: 7) points out that physical illness is a major reason for absenteeism among nurses in high claim hospitals.

Just as well, Sherman, Bohlander and Snell (1996: 496) point out that employer's of large organizations are committed to providing their employees with safer and healthier work environments. Employers therefore provide an established program, which encourages employees to enhance their status. Hence, organizations establish primary health care facilities for their staff and dependents to decrease costs. Sherman et al (1996: 480) further reiterates that these health care facilities provided by organizations to staff, decrease absenteeism of employees and promotes efficiency and heightened morale of their employees.

5)   NO REWARD SYSTEM FOR NURSES

RNs, ENs and ENAs agreed that no reward system for nurses by the organization caused nurse absenteeism, in the closed-ended results. RNs agree that no incentives for nurses by the organization contribute to nurse absenteeism, in the open-ended results.

Sherman, Bohlander and Snell (1996: 528) state that a reward system serves to recognize any accomplishment that the employee may have achieved. This recognition serves as a catalyst for positive employee behaviour. Similarly pay is used as a performance motivator for an increased employee performance.

Similarly, Camp and Lambert's study (2005: 30) found that organizations should use reward systems to increase staff attendance. Lavoie-Tremblay, Bourbonnais, Viens, Vezina, Durand and Rochette (2004: 3) emphasized that a work environment producing high work stress levels with very little reward, impacted poorly and psychologically on the employee. Shader et al. (2001: 211) also found that employees who work extra shift hours and weekend shifts and are not given any reward for doing so, have reduced morale, causing absenteeism.

6)　UNFAIRLY SELECTION OF NURSES FOR TRAINING

ENAs agreed that an unfair selection of nurses for training by the organization caused nurse absenteeism, in the closed-ended results. ENs agrees that a discrepancy in training by the organization contribute to nurse absenteeism, in the open-ended results. Staff felt that the organization along including management was racist. Racism presented an obstacle to certain staff members for receiving opportunities of self-development and training. Management was seen as the key in choosing staff to train further.

Shader et al. (2001: 211) stress that absenteeism is a sign of dissatisfaction. Employees also leave work because as there are no learning opportunities and a lack of professional growth. Timmins and Kaliszer (2002: 10) state that their study showed, that dissatisfaction faced by employees by a lack of achievement at work, lack of recognition at work and organizational opportunities, had caused high absenteeism rates of employees.

The causal factors of absenteeism owing to organization characteristics were:
- Unfair promotions; short staffed; lack of equipment; no free staff health clinic; reward system for nurses and unfair selection of nurses for training.

CONCLUSIONS

5.5 CONCLUSIONS ON EN, ENA AND RN NURSE CHARACTERISTICS

This section of the conclusion focuses on the factors of the closed and open-ended results causing nurse absenteeism. Next to each factor for the closed and open-ended data indicating a cause to absenteeism, the nurse category will be indicated in brackets.

5.6 CONCLUSIONS ON EN, ENA AND RN CLOSED-ENDED RESULTS NURSE CHARACTERISTICS

Due to nurse characteristics, nurses are absent from work as:

- **Nurses have financial problems and "moonlight" for extra money** (ENs agreed that this factor causes absenteeism).
- **Nurses have family responsibilities to attend to** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **Nurses lack motivation to work to work due to stress** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **Nurses experience transport problems** (ENAs agreed that this factor causes absenteeism).

The research objective for the closed-ended section is thus answered as agreed that these factors causing absenteeism: **Family responsibility** and a **lack of motivation to work to work as employees feel tired and stressed**, were agreed to as causal factors by RNs, ENs and ENAs in the study. This agreement suggests these are strong reasons causing absenteeism. **Financial problems and "moonlighting" for extra money** was cited by ENs; **Transport problems** were agreed by ENAs.

5.6.1.1   CONCLUSIONS ON EN, ENA AND RN OPEN-ENDED RESULTS NURSE CHARACTERISTICS

Due to nurse characteristics, nurses are absent from work as:

- **Financial problems** (ENs, ENAs and RNs agreed that this concept causes absenteeism).
- **Family responsibility** (RNs agreed that this concept causes absenteeism).
- **Shortage of staff** (ENs agreed that this concept causes absenteeism).
- **Physical illness** (ENs and ENAs agreed that this concept causes absenteeism).
- **Off duty disparity** (ENs agreed that this concept causes absenteeism).
- **Incoherent decision-making** (ENAs agreed that this concept causes absenteeism).
- **Social problems** (RNs agreed that this concept causes absenteeism).
- **Burnout** (RNs agreed that this concept causes absenteeism).

The research objective for the open-ended section is thus answered as these factors causing absenteeism: **Financial problems** were agreed by RNs, ENs and ENAs in the study. This suggests a strong reason as a factor causing absenteeism. **Family responsibility** was agreed by RNs; **Shortage of staff** was agreed by ENs; **Physical illness** was agreed by ENs and ENAs; **Off duty disparity** was agreed by ENs; **Incoherent decision-making** was agreed by ENAs; **Social problems** was agreed by RNs; **Burnout** was agreed by RNs.

5.6.1.2   COMMON FINDINGS FROM THE CLOSED AND OPEN-ENDED SECTION OF THE NURSE CHARACTERISTICS

Common to the closed and open-ended results, due to nurse characteristics, nurses are absent from work as:

- Nurses have financial problems and moonlight for extra money
- Nurses have family matters to attend to.

5.6.1.3 NEW FINDINGS CAUSING ABSENTEEISM FROM THE OPEN-ENDED SECTION

These findings indicate new causal factors to absenteeism, derived as concepts. These concepts are not indicated in the nurse characteristics independent variable and it's associated characteristics as highlighted in the conceptual framework of Taunton et al. (1995: 218), adapted in Nyathi (2005: 210). These include:

- Shortage of staff.
- Off duty disparity
- Incoherent decision making.

5.6.1.4 CONCLUSION

This section has highlighted the causal factors and concepts for nurse absenteeism, by the nurse characteristics.

5.6.2 CONCLUSIONS ON EN, ENA AND RN NURSE MANAGER CHARACTERISTICS

5.6.2.1 CONCLUSIONS ON EN, ENA AND RN CLOSED-ENDED RESULTS NURSE MANAGER CHARACTERISTICS

From the closed-ended questions of the nurse manager, no factors were agreed to as causing absenteeism.

5.6.2.2 CONCLUSIONS ON EN, ENA AND RN OPEN-ENDED RESULTS NURSE MANAGER CHARACTERISTICS

Due to nurse manager characteristics, nurses are absent from work due to:

- **Unfriendly nurse managers** (ENs, ENAs and RNs agreed that this concept causes absenteeism).
- **Favouritism** (ENs, ENAs and RNs agreed that this concept causes absenteeism).
- **Off-duty disparity** (ENs agreed that this concept causes absenteeism).
- **Increased workload** (ENAs agreed that this concept causes absenteeism).
- **Lack of motivation** (RNs agreed that this concept causes absenteeism).

The research objective for the open-ended section is thus answered as these factors causing absenteeism: **Unfriendly nurse managers** and **Favoritism** were cited by ENs, ENAs and RNs. This agreement suggests these are strong reasons causing absenteeism. **Off-duty disparity** was cited by ENs; **Increased workload** was cited by ENAs; **Lack of motivation** was cited by RNs.

5.6.2.3 COMMON FINDINGS FROM THE CLOSED AND OPEN-ENDED SECTION OF THE NURSE MANAGER CHARACTERISTICS

There are no common findings from the closed and open-ended sections.

5.6.2.4 NEW FINDINGS CAUSING ABSENTEEISM FROM THE OPEN-ENDED SECION

These findings indicate new causal factors to absenteeism, derived as concepts. These concepts are not indicated in the nurse manager characteristics independent variable and it's associated characteristics as highlighted in the conceptual framework of Taunton et al. (1995: 218), adapted in Nyathi (2005: 210).
These include:

- Off-duty disparity.
- Increased workload.

5.6.2.5 CONCLUSION

This section has highlighted the causal factors and concepts for nurse absenteeism, by the nurse manager characteristics.

5.6.3   CONCLUSIONS ON EN, ENA AND RN WORK CHARACTERISTICS

5.6.3.1   CONCLUSIONS ON EN, ENA AND RN CLOSED-ENDED RESULTS WORK CHARACTERISTICS

Due to work characteristics, nurses are absent from work as:

- **Nurses are moved to a new ward everyday to cover staff shortage** (ENs, RNs agreed that this factor causes absenteeism).
- **Nurses are overworked on a ward** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **Nurses work long hours** (ENAs, RNs agreed that this factor causes absenteeism).

The research objective for the closed-ended section is thus answered as agreed as these factors causing absenteeism: **Nurses are overworked on a ward** was agreed by ENs, ENAs and RNs. This agreement suggests a strong reason as a factor causing absenteeism. **Nurses are moved to a new ward everyday to cover staff shortage** was agreed by ENs and RNs; **Nurses work long hours** was agreed by ENAs and RNs.

5.6.3.2   CONCLUSIONS ON EN, ENA AND RN OPEN-ENDED RESULTS WORK CHARACTERISTICS:

Due to work characteristics, nurses are absent from work due to:

- **Shortage of staff** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **Less remuneration** (RNs agreed that this factor causes absenteeism).
- **An increase in workload** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **Off-duty disparity** (RNs agreed that this factor causes absenteeism).

- **No equipment** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **Unsatisfactory work conditions** (ENs and ENAs agreed that this factor causes absenteeism).
- **Burnout** (ENs agreed that this factor causes absenteeism).
- **Stress** (ENs agreed that this factor causes absenteeism).
- **Increased patient turnover** (RNs agreed that this factor causes absenteeism).

The research objective for the open-ended section is thus answered as agreed as these factors causing absenteeism: **Shortage of staff; An increased workload and No equipment** was agreed by ENs, ENAs and RNs. This agreement suggests these are strong reasons as causing absenteeism. **Less remuneration** was agreed by RNs; **Off-duty disparity** was agreed by RNs; **Unsatisfactory work conditions** was agreed by ENs and ENAs; **Burnout** was agreed by ENs; **Stress** was agreed by ENs; **Increased patient turnover** was agreed by RNs.

5.6.3.3 COMMON FINDINGS FROM THE CLOSED AND OPEN-ENDED SECTION OF THE WORK CHARACTERISTICS

Common to the closed and open-ended results, due to work characteristics, nurses are absent from work as:

- Nurses are overworked on a ward.

5.6.3.4 NEW FINDINGS CAUSING ABSENTEEISM FROM THE OPEN-ENDED SECION

These findings indicate new causal factors to absenteeism, derived as concepts. These concepts are not indicated in the work characteristics independent variable and it's associated characteristics as highlighted in the conceptual framework of Taunton et al. (1995: 218), adapted in Nyathi (2005: 210). These include:

- Less remuneration.
- No equipment.

- Unsatisfactory work conditions
- Burnout
- Stress
- Increased patient turnover

5.6.3.5   CONCLUSION

This section has highlighted the causal factors and concepts for nurse absenteeism, by the work characteristics.

5.6.4 CONCLUSIONS ON EN, ENA AND RN ORGANIZATION CHARACTERISTICS

5.6.4.1 CONCLUSIONS ON EN, ENA AND RN CLOSED-ENDED RESULTS ORGANIZATION CHARACTERISTICS

Due to organization characteristics, nurses are absent from work due to:

- **The organization gives unfair promotions** (ENAs, RNs agreed that this factor causes absenteeism).
- **The organization is short staffed and there is an increased workload for nurses** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **The organization has no equipment to provide quality patient care** (ENs, ENAs, RNs agreed that this factor causes absenteeism).
- **The organization has no reward system for nurses** (ENs, ENAs and RNs agreed that this factor causes absenteeism).
- **The organization has no free staff health care clinic** (RNs agreed).
- **The organization unfairly selects nurses for further training** (ENAs agreed).

The research objectives for the open-ended section are thus answered as agreed that these factors cause absenteeism: **The organization is short staffed and thus an increased workload for nurses; The organization has no equipment to provide quality patient care** and **The organization has no reward system for nurses** was agreed by ENs, ENAs and RNs. This agreement suggests these are strong reasons as causing absenteeism. **The organization gives unfair promotions** was agreed by ENAs and RNs; **The organization has no free staff health care clinic** was agreed by RNs; **The organization unfairly selects nurses for further training** was agreed by ENAs.

5.6.4.2 CONCLUSIONS ON EN, ENA AND RN OPEN-ENDED RESULTS ORGANIZATION CHARACTERISTICS

Due to organization characteristics, nurses are absent from work due to:

- No incentives (RNs agreed that this concept causes absenteeism).
- Discrepancy in training (RNs agreed that this concept causes absenteeism).

5.6.4.3 COMMON FINDINGS FROM THE CLOSED AND OPEN-ENDED SECTION OF THE ORGANIZATION CHARACTERISTICS

Common to the closed and open-ended results, due to organization characteristics, nurses are absent from work as:

- The organization has no reward system for nurses.
- The organization unfairly selects nurses for further training.

5.6.4.4 NEW FINDINGS CAUSING ABSENTEEISM FROM THE OPEN- ENDED SECTION

There are no new findings causing absenteeism from the open-ended section.

5.6.4.5 CONCLUSION

This section has highlighted the causal factors and concepts for nurse absenteeism, by the organization characteristics.

5.7   RECOMMENDATIONS TO CURB ABSENTEEISM

The following recommendations can be put forward to Hospital X in an attempt to address the complaints of its employees, so that the high absenteeism rate can be reduced. From certain factors or concepts recommendations will be deduced suggesting where management can intervene constructively. The first area to examine is to look at which nurse characteristics contributed most strongly to nurse absenteeism:

5.8   NURSE CHARACTERISTICS THAT CONTRIBUTE TO NURSE ABSENTEEISM

5.8.1   FAMILY RESPONSIBILITY

5.8.1.2 RECOMMENDATIONS

Strachan and Burgess (1998: 3) recommend that employers should introduce child care arrangements in the workplace for employees who have child care responsibilities. The organization, according to Strachan and Burgess (1998: 2) should introduce family friendly policies. These policies are intended to minimize the impact of work and family life on employees. Hospital X can introduce these policies, designed by ward managers, senior management and the Human Resource department. Family-friendly policies include maternity and paternity leave, sickness leave, emergency and compassionate leave, career break leave, extended leave and flextime.

The essence of family friendly policies is to ensure time is allocated flexibly, to allow employees to fulfill both work and family obligations. For employees in the study who mentioned that they were inundated with family responsibility and had insufficient time off to see to such matters, these policies would remedy their stressors. The type of family responsibility. may enable employee to apply for the applicable type of leave with the organization.

Wentworth (2003: 5) recommends that organizations should reinforce traditional policies about days off. Traditional policies specify the number of days off allowed for each type of absence. Different types of absence can include days for illness, personal days or bereavement days, to name a few.

5.9   LACK OF MOTIVATION

5.9.1   RECOMMENDATIONS

Locke (1997), adapted in Moody and Pesut (2006: 2), states that motivation can be defined as goal directedness, human volition or free will and perceived needs, and desires. These motives sustain the actions of individuals, in relation to themselves and their immediate environment.

Hospital X needs to create an environment, which can support nurses, with regard to their motivation to attend at work. Moody and Pesut (2006: 8) state that there needs to be an environment created that supports manageable patient loads. This is likely to decrease the nurse's emotional stress levels and increase affective states and traits. This positive approach would alternatively influence work motivation and nurses' capacity to engage in knowledge-based decision-making.

Camp and Lambert (2005: 5) state that the organization can try to motivate employees to attend work. Hospital X should continuously adhere to the strategy of attendance motivation. As the R.K. Khan KRONIC (le) (2008: 4) highlights, staff were saluted for having attended work, despite the poor working conditions. Initiating this type of reward system demonstrates that nurses are being encouraged to attend work, highlighting an absenteeism problem. Camp and Lambert (2005: 5) further state that the organization could introduce an Employee Assistance Program, whereby nurses could be counseled on whatever problem they may have. An Employee Assistance Program, according to Masemola (2003: 32), is a job-based program whereby an employee who is troubled, is identified and counseled, motivating him or her to resolve the current problems.

With the facility of an Employee Assistance Program, nurses in Hospital X can be counseled and motivated to overcome the stressor that they face. Daly, Hancock, Bidewell, Johnson, Lambert and Lambert (2005) maintain that management can introduce stress management techniques to their staff, to reduce the negative effects of mental stress. Strategies can involve individual coping strategies. Support of individuals is extremely important. Social support in particular is important in social activities and peer development for nurses. Hospital X should try to implement a stress management workshop for nurses. With the combination of an Employee Assistant Program and stress-coping techniques, the organization could help to reduce nurses' stress.

5.10   PHYSICAL SICKNESS

5.10.1 RECOMMENDATIONS

Nurses in the study are reported as having high levels of physical stress and stress-related illnesses. Some of these problems are work induced, specifically the physical health of nurses and their increased vulnerability to illness. Kristensen, Tage, Borritz and Mariane (1999) identified six principles adapted in Shamian et al. (2003). These provide solutions for injuries, stress and absenteeism. These principles can be applied to the nurses of Hospital X, in managing optimum levels of health and well-being. An optimal work environment for social psychological and social well-being includes:

- Demands that fit the resources of the person: The nurse manager should allocate daily duties to nurses, which the nurse is capable of doing, according to both the qualification and physical ability of the nurse.
- A high level of basic predictability: The allocation of duties to a nurse, must ensure that the duty will be done well, with no complaint from the nurse.
- Good social support: The nurse manager and peers in the ward should support one another, including encouragement, moral support or even completing a task together.
- Meaningful work: The work which the nurse is allocated should suit his or her job description and be within the nurse's competence.

- High level of influence at work: The nurse manager should supervise and help the nurse perform the task at first, for physical and emotional support.

- Balance between effort and rewards: The reward which is given to nurses should be set by nurses and managers together, so that nurses can look forward to the set incentive.

<div align="right">Kristensen, Tage, Borritz and Mariane (1999)</div>

5.11 FINANCIAL PROBLEMS

5.11.1 RECOMMENDATIONS

Nurses were unhappy with the salaries they received, and the rewards given. Nurses who received a good salary had fewer intentions to leave their jobs, than lower paid nurses. Erikson et al. (2000) suggest pay had a direct, negative effect on absenteeism. Higher pay for nurses is viewed as a short-term strategy to meet nurses' needs, according to Fleming (2006). There are various long term strategies to help relieve the financial stress of nurses which can be applied in Hospital X, include:

- The hospital investing in further nurse education of staff. This can be to promote next levels of staff from EN's to RN's, in Hospital X.

- Improving the working conditions in which nurses operate such as temperature, comfort, light, noise and general surroundings.

- Increase the staffing levels of nurses in a hospital by recruiting more nurses or sessional nurses.

- Increase the use of support staff for patients' needs.

<div align="right">Fleming (2006)</div>

Webster (2001) states that nursing has a reputation of low pay, inflexible hours and increased stress. In order to improve working conditions of nurses in an era of low pay, several measures could be undertaken, such as:

- Adequate staffing levels in the hospital by recruiting more nurses.

- Allowing nurses to participate in decision-making in the organization.

- Fair scheduling which nurses are rewarded for the extra hours worked.

- Pay matching the level of responsibility and educational level of nurses

<div align="right">Webster (2001).</div>

5.12 NURSE MANAGER CHARACTERISTICS THAT CONTRIBUTE TO NURSE ABSENTEEISM

5.12.1 LACK OF MOTIVATION

5.12.2 RECOMMENDATIONS

As highlighted in Fiksenbaum et al. (2006: 11), supportive organizations can increase the commitment, job satisfaction and positive mood of their staff and thereby reduce absenteeism. Reducing the influence of stressors is important according to Fiksenbaum et al. (2006: 11). Loo and Thorpe (2003) state that organizations must have managers who will adopt a participative management style approach. This approach ensures that staff will be empowered, mentored and supervised at work. The nurse manager practising participatory management, according to Booyens (2002: 134), can practice the following, relevant to Hospital X staff:

- Facilitation of employees on a job- the nurse manager can facilitate nurses on the job, as well as help them achieve set goals or tasks.
- Increased interpersonal relations among employees- the nurse manager should be able to mix with staff and get to know staff better.
- This is so that each person can be known and trust can be won in both directions (management or staff).
- The employees being actively involved in problem solving and decision-making-all employees should be consulted on a decision and be actively involved in problem solving.

Booyens (2002: 134)

5.13 UNFRIENDLY NURSE MANAGERS

5.13.1 RECOMMENDATIONS

Priest (2006: 11) states firmly that nurse's need strong leadership at every level of the professional hierarchy.

Priest (2006: 10) further stresses that nurses need to feel that their work is supported and monitored by supervisors, managers and employers, so that there is increased group cohesion and job stress is relieved. Those nurses that feel that this need is being met feel secure and satisfied with their careers. Priest (2006: 11) states that better relationships are found when nurses stay in their position longer, have more autonomy, more resources and are more empowered.

Priest (2006: 48) suggests that the institutions can put into place the following strategies:
- Relations with health care professionals:

Better communication and closer relations with team members helps curb the job stress. Management can hold regular meetings and encourage informal communications and activities among the health care team. Regular meetings to update staff can be done by ward managers in separate units in Hospital X.

- Leadership and professional development:

There should be mentoring, continuing education and opportunities for career development by the nurse manager towards staff. There should be a nurse educator allocated per ward in Hospital X, to help mentor staff.

Priest (2006: 48)

5.14   INCREASED WORKLOAD

5.14.1 RECOMMENDATIONS

Fiksenbaum et al. (2006: 10) state that organizations can help nurses overcome their levels of stress. Maintaining and improving the quality of available information and emotional support networks is significant. Organizations should provide a practical support to overworked nurses in the form of additional staff which is likely to alleviate work-related stress levels. Additional staff would be constructive, in the sense that emotional exhaustion is a construct defined by chronic fatigue, precipitated by demanding work environments (Fiksenbaum et al., 2006: 10).

Milton (1994) states that absenteeism is one of the most obvious causes of stress to employers. Employers are therefore obligated to take workplace stress faced by employees seriously. Milton (1994) further states that organizations can address stress management in the following ways:

- Reduce work site stressors-The work environment should be checked, to avoid any hazard, where the Occupational Health and Safety protocol is checked to see if the policy is adhered to at the work place. A safe work environment must be provided. Hospital X should allocate a Safety Officer, to regularly inspect the work place station for potential hazards and mark a daily register indicating inspection.

- Help employees cope more effectively with their stress – the nurse manager can refer employees to an Employee Assistant Program so that they can be helped through any problem they experience. The Humna Resource officer can be helpful in the Employee Assistant Program to staff. Yende (2005: 12) agrees that an EAP allows for counseling, advice and assistance to an employee, helping the employee cope with problems arising at work or externally.

<div align="right">Milton (1994)</div>

5.15   WORK CHARACTERISTICS THAT CONTRIBUTED TO NURSE ABSENTEEISM

5.15.1   HOSPITALS ARE SHORT STAFFED CREATING A HEAVY WORKLOAD

5.15.1.2   RECOMMENDATIONS

Chang et al. (2005) state that to increase staff members is desirable but there is currently a shortage of nurses. With shortage of staff, hospitals will increase stress levels of their remaining staff. Chang et al. (2005) further state management can increase greater flexibility in work hours, increase nurse enrolment and attract ex-nurses back to the profession, which can help to address workload problems. These changes would reduce staff shortages and stress.

Specifically, Kay (1999: 50), adapted in Nyathi (2005: 140), states that there needs to be an introduction of flexible shifts. This introduction would allow full time nurses to switch temporarily to part time or alterative shifts. Then again, Querishi (2000: 175) also adapted in Nyathi (2005: 140) states that nurses could discuss their work arrangements with each other, changing their schedules to suit their needs more appropriately.

This kind of arrangement would help nurses, especially in Hospital X. Because the hospital is short staffed and experiences increased workloads, existing nurses have to be accommodated. Nurses' making arrangements with each other means that their shifts would be more suitable to their own personal needs. This flexibility would curb absenteeism and nurses would be more comfortable at work.

5.16 THEY WORK LONG HOURS

5.16.1 RECOMMENDATIONS

Strachan and Burgess (1998: 9) state that working in a flexible working arrangement helps reduce worker's stress and has a positive effect on productivity and absenteeism. Priest (2006: 19) highlighted additional strategies for work life balance, incorporating work and family responsibilities. Employers and human resource management can ensure the following, and which is relevant to Hospital X to implement:

- Allow nurses to work fulltime, but work hours that are suitable to their lifestyle. Nurse Managers should consult nurses on days that they would prefer to have as days off. Alternately, the nurse manager should consider day-off requests if possible.

- Offer part-time workers similar benefits to full-time staff. Part time workers too, should be consulted on days that they would prefer to be at work or have a day off, if possible.

- Introduce flexible scheduling or self-scheduling options where possible. Flexible shifts should be introduced. There should be a pool of staff, where in the case of staff shortage for a day, staff could be allocated to work. Alternately, staff members of similar ranks could arrange among themselves, the days that they would like to work.

- Ensure that nurses can take breaks during the working day. Staff should be allocated a tea break, lunch break and afternoon tea. No staff member should work continuously, having to skip breaks. A roster for intervals should be drawn up by the nurse manager, indicating break times. The senior sister in charge or the unit manager should allocate duties and break times daily in Hospital X.

Priest (2006: 19)

5.17 THEY ARE OVERWORKED ON THE WARD

5.17.1 RECOMMENDATIONS

Priest (2006: 18) recommends ways that the nurse manager can balance the nurse's heavy workloads and job demands, which Hospital X can implement. These can be by:

- Hiring more nurses. The organization should employ more nurses, alternately, rotate staff between wards. Those wards that have extra nurses on a day, can be rotated to other wards for ward assistance. Hospital X can inter ward rotate staff.

- Create more nurse posts, which allows for bedside nursing. This move would also help focus on patient care. Nyathi (2005: 140) clearly indicates that the organization should employ more nurses. This could be encouraged through career exhibitions at schools.

- Employ more clerical staff and personal attendant posts. If Hospital X budget permits so, then additional staff can be hired, alternatively, working with a skeleton staff, would allow for staff rotation to duties and certain days allocated for certain duties. Doing so allows for nursing staff to focus on patient care and other designated tasks according to their job description. Convert casual and float positions to new full time positions. If possible, temporary workers should be employed on a full time basis by the organization.

- Keep older nurses in employment. They can work part-time without negatively affecting their pension benefits.

Priest (2006: 18).

5.18   ORGANIZATION CHARACTERISTICS THAT CONTRIBUTED TO NURSE ABSENTEEISM

5.18.1   UNFAIR SELECTION TO TRAIN NURSES

5.18.1.2   RECOMMENDATIONS

The Texas Nurse Association (2005) maintains that organizations have to provide nursing staff employees with opportunities for growth and development.

Organizational opportunities should include:

- Facilitation of outcomes based nursing research and development of evidence based programs within the organization.
- A career ladder for demonstration of competency, professional recognition and introduction of monetary incentives. Hospital X should devise with staff, strategies for rewards. Rewards could be in the form of training programs or monetary incentives. Whichever way is chosen, the rewards should be realistic and attainable, according to Camp and Lambert (2005: 30).
- Opportunities for advancement within the organization: Benton and Ramprogus (1996: 34), adapted in Nyathi (2005: 122), state that diverse career ladders should be established for nurses allowing them to move to the next rank. Hospital X should create opportunities within its organization in terms of such training opportunities.

The Texas Nurse Association (2005).

Support for individual professional growth would include:

- Provision of continuing nurse education. Hospital X should offer staff training for further education, to the next professional nursing level. Training of staff should be offered on a yearly basis for ENs and ENAs to progress to the next level until the RN status has been reached.

- Tuition reimbursement: Staff who excel and deserve to be recognized, for good performance and attendance to work, should be rewarded with free training.

- Flexible scheduling that allows nurses to improve their educational status: Staff that are currently training, should be allowed days off for college days. The nurse manager should discuss this with the staff concerned.

- Scholarships: These should be awarded to staff with good work performance and attendance.

- Opportunities to mentor and be mentored: There should be a ward mentor and preceptor to oversee the performance of nursing staff. This process would enforce good nursing standards and keep nurses up to date with current nursing practice.

<div align="right">The Texas Nurse Association (2005).</div>

5.19 POOR PHYSICAL CONDITIONS AT WORK

5.19.1 RECOMMENDATIONS

Emmerik (2003: 2) states that mentors or supervisors are able to help employees still to achieve valued outcomes, even when they are confronted with adverse working conditions. By mentoring employees, the effects of the work environment are buffered or reduced. Mentoring will be a positive link to positive work outcomes, such as intrinsic job satisfaction and career satisfaction. Secondly, mentoring will moderate the negative relationship between adverse working conditions and positive work outcomes (Emmerik, 2003: 4).

The negative effects of poor working conditions would not affect the employees if they had a close relationship with a mentor. Mentoring employees helps employees further themselves in their career and psychosocial lives.

5.20   CONCLUSION

From the above research study, done at Hospital X, various reasons for nurse absenteeism have been revealed. This study, of a quantitative non-experimental simple survey design, offers a broader dimension at looking at and understanding the reason for nurse absenteeism. From a quantitative perspective, questions were asked in a set pattern and all answers were either Agree or Disagree. This was useful in obtaining statistics in a measurable and calculated manner. In essence, using a quantitative non-experimental simple survey design, asking open-ended questions for reasons for nurse absenteeism, allowed participants to freely express what they thought could have also caused absenteeism. The answers were at times, what they had provided in the closed-ended questions, however some new and added information was provided. This new information is very useful in understanding the factors of absenteeism as given directly from the participants the target population.

The use of the Exact Binomial Test of Significance in the study, and developing and applying the open-ended answers by participants to content analysis by the method of coding, was strenuous but worth it. In the quantitative analysis, exact factors were identified by seeing what causes absenteeism of nurses.

The open-ended section allowed for a further explanation of determining new explanations for reasons of nurse absenteeism, alternatively expanding on known reasons for nurse absenteeism. With reasons for nurse absenteeism being determined, management can now understand what causes staff to be absent. A few recommendations have been provided, so that management could apply some of these techniques to reduce absenteeism. Essentially, what can be deduced is that most reasons arise from the nature of the organization. Corrective measures therefore need to be taken in the organization. Without corrective measures in place, the employee breaks down as a result of stress.

As Ose (2004: 162) states, voluntary absence and absences related to employee's health is related to working conditions. A person working in a better working environment is more likely not to absent him or herself from work than a person working in a physically exhausting and psychologically depressing environment.

5.21 LIMITATION TO THE STUDY

A serious limitation that this study encountered was that the second group of research participants had to be approached as a re-sampling strategy on the 14th and 17th June 2007. It was anticipated by the research that the response rate for the first group of nurses, would be low. The second group of nurses approached, however even though they did not establish a hundred percent response rate, did at least provide more answers to nurse absenteeism in the opened ended section. Findings were aptly calculated and established, and the researcher herself cannot pinpoint any shortcoming to the study. The study was of a high quality and very detailed and tried to be accurate as possible in terms of the study findings, explanations and recommendations.

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APPENDIX A

A study identifying Nurses Perceptions on what Factors influence Nurse Absenteeism in Durban, South Africa.

1. This study will make an effort to understand the reasons why nurses absent themselves from work.
2. The researcher is currently studying towards a Masters Degree in Nursing Management at the University of KwaZulu Natal. This study is a research component of the programme.
3. Should you need to contact the researcher, please make all queries to the project supervisor:
   - Miss Z.Z. Nkosi
     University of KwaZulu Natal
     Phone number: 031-2602499.
4. All queries will be addressed with the researcher of the study.
5. The problem of nurse absenteeism is a common occurrence of all health institutions. By understanding reasons why nurses absent themselves, hospital management can be informed, to rectify a situation causing nurse absenteeism. Any reason highlighted by nurses can lessen the number of days they absent themselves from work, or identify y other situation influencing nurse absenteeism which will be addressed with the hospital management.
6. This study allows for a better-managed hospital, with satisfied staff attending work regularly if matters of concern for nurse absenteeism are addressed.
7. The questionnaire consists of three pages. Information needed is nurse age, gender, marital status, professional status, years of nursing work experience and highest educational attainment.
8. The questions asked are matters of:
   Characteristic of the nurse, involving personal reasons, if and for what reasons nurses absent themselves from work. Characteristics of the nurse manager, if and for what reasons nurses absent themselves due to the nurse manager. Characteristics of work, if and for what reasons nurses absent themselves from work due to the work setting they are in. Characteristics of the organization, if and for what reasons nurses absent themselves due to the organization setting they are in.
9. This study is anonymous not requiring names. All information is confidential and only is viewed by the researcher. No costs or fees are needed from the participants. No video camera or tapings will be done.
10. If participants do not want to complete the questionnaire, their withdrawal from the study is respected, for whatever reasons.
11. By filling out the questionnaire, participants must be aware that they are giving informed consent to take part in the study.

Researcher: Ms P. Mudaly

Participant Name: ....
Participant signature: ....   Date:

Researcher Name: ....
Researcher signature: ....   Date:

UNIVERSITY OF KWAZULU-NATAL

Ucwaningo olucubungula imibono nezizathu ezenza abahlengikazi bangayi emsebenzini eThekwini, Mzansi Afrika

1. Lolucwaningo luzozama ukwazi ngezizathu ezibangela abahlengikazi bangayi emsebenzini
2. Umcwaningi ufunda izifundo zebanga eliphakeme (Master's Degree in Nursing Management) enyuvesi yakwa Zulu-Natal
3. Uma ufuna ukuxhumana nomcwaningi, ungaxhumana nomphathi ongu:
   - Miss Z.Z. Nkosi
   Inyuvesi yaKwa Zulu- Natal, kulenombolo yocingo :031-2602499
4. Zonke izinqinamba ziyoxazululwa umcwaningi
5. Inkinga yokulova kwabahlengikazi emsebenzini kuyinkinga kuzo zonke izikhungo zokwelapha. Ngokuthola izimbangela zokulova kwabahlengikazi, iziphathi zezibhedlela zingakwazi ukulungisa lenkinga yokulova.Zonke izizathu eziyoshiwo ngabahlengikazi ziyocubungulwa yiziphathimandla zesibhedlela.
6. Lolucwaningo luzoza nezisombululo zokulova kwabahlengikazi.
7. Uxwebhu lwemibuzo lubhalwe emakhasini amathathu.Kudingeka lemininingwane ngomlhengikazi:iminyaka yokuzalwa, ubulili, isimo sokushada, iminyaka yokusebenza nebanga eliphezulu lemfundo.
8. Imibuzo eminye ibuza ngezimpawu zomhlengikazi, neziphathelene ngaye uqobo, nangokwazi ukuth yini imbangela yokuthi abahlengikazi balove emsebenzini.Izimpawu zemenenja yabahlengikazi namgezizathu ezibangela ukuthi abahlengikazi balove emsebenzini. Izimo zomsebenzi nezenhlangano ezingabangela ukuthi abahlengikazi balove emsebenzini.
9. Lolucwaningo aluzukuwaveza amagama abahlengikazi. Zonke izimpendulo ziyoba yimfihlo. Ayikho imali noma izindleko eziyodingeka kulabo abobe besocwaningeni .Angeke kusetshenziswe iziqopha zithombe noma amazwi.
10. Uma abakhethiweyo bengathandi ukugcwalisa imininingwane, bayovunyelwa ukuyeka ucwaningo ngaphandle kwemibangela
11. Kuyomele banikeze imvume eqinisekile, labo abayobe begcwalisa ucwaningo.

Umcwaningi : Ms P.Mudaly

Igama lomhlengikazi ---------------------   Usuku
Isiginasha------------------------------------

Igama lofakazi-------------------------------   Usuku
               Isiginasha-----------------------------------

UNIVERSITY OF KWAZULU-NATAL

Nurse Absenteeism

Section A:
Please indicate in the space provided, **(mark with an X)** or where necessary fill in the information.

1. How old are you?

18-25	
26-36	
37-47	
48-58	
59-70	

5. Indicate your nursing category

Registered nurse	
Enrolled nurse	
Enrolled nursing assistant	

Section B:
Please indicate with an X your answer in the appropriate box:

The following questions are on **nurse characteristics** and the reasons why nurses are absent:

	Characteristics of the Nurse Nurses are absent from work because they…	Disagree	Agree
1	Suffer with physical sickness, e.g., Headaches		
2	Have financial problems and moonlight for extra money		
3	Take substances such as alcohol and drugs		
4	Have family matters to attend, e.g. , Take sick child to the doctor		
5	Experience transport problems with no car, bus, taxi etc		
6	Lack motivation to go to work as they feel stressed and tired of work		
7	Feel guilty when absent from work		

Section C:

The following questions are on **nurse manager characteristics** and the reasons why nurses are absent

	Characteristics of the Nurse Manager: Nurses are absent from work because the manager.....	Disagree	Agree
8	Makes all decisions and does not consider nurses opinions or ideas		
9	Is very strict and unfriendly		
10	Does not give positive encouragement or praise for work that is well done		
11	Always is in conflict with the nurses		
12	Makes the junior nurses run the ward		
13	Treats nurses unequally in terms of ward duty and off duties		
14	Doesn't have regular meetings or give feedback		

Section D:

The following questions are on **work characteristics** and the reasons why nurses are absent

	Work Characteristics Nurses are absent from work because	Disagree	Agree
14	They are tired of routine work, e.g., Having to make beds everyday		
15	Their skills are not utilized as they do the same thing everyday, e.g., always doing vital signs		
16	They work in an unfriendly environment		
17	They are moved to a new ward everyday to cover staff shortage		
18	They are over worked on a ward		
19	They have no job description resulting in them doing all types of work		
20	The ward they work in does not allow for nurses to get days off that they want		
21	They work long hours, e.g., 07:00 -19h00 causing nurses to get home late		

Section E:

The following questions are on **organization characteristics** and the reasons why nurses feel they are absent

	Organization Characteristics Nurses are absent from work because the organization they work in...	Disagree	Agree
22	Gives unfair promotions to certain nurses		
23	Are short staffed which creates a heavy work load for other nurses		
24	Have no equipment to provide quality-nursing care		
25	Has no free staff health care clinic		
26	Has no reward system for nurses		
27	Have poor physical conditions, e.g., Poor lighting, bad odour		
28	Have no health and safety protocols, e.g., gloves to wear whilst doing invasive procedures		
29	Have unfair discipline procedures, e.g., Nurses are given final written warnings without a fair hearing		
30	Unfairly select nurses for training		

Section F:

Please indicate any other reasons in the space provided for **nurse characteristics** causing nurses to be absent.

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Please indicate any other reasons in the space provided for **nurse managers** causing nurses to be absent.

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```

Please indicate any other reason in the space provided for **work characteristics** causing nurses to be absent.

```
```

Please indicate any other reason for nurse's absenteeism due to **organization characteristics** in the space provided

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APPENDIX B

04 September 2006

Miss Prenola Devasree Mudaly
Faculty of Health Sciences
School of Nursing
P O Box 4041
4000 DURBAN

EXPEDITED REVIEW

Dear Miss Mudaly

PROTOCOL: A study identifying Nurses Perceptions on what factors influence nurse absenteeism in Durban, South Africa. Miss P D Mudaly. Dept. of Nursing. Ref: EXP018/06
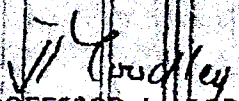
A sub-committee of the Biomedical Research Ethics Committee has considered and noted your response dated 28 August 2006 to queries raised on 26 July 2006. The study is given full ethics approval and may begin as at today's date: 04 September 2006.

This approval is valid for one year from 04 September 2006. To ensure continuous approval, an application for recertification should be submitted a couple of months before the expiry date. In addition, when consent is a requirement, the consent process will need to be repeated annually.

I take this opportunity to wish you everything of the best with your study. Please send the Biomedical Research Ethics Committee a copy of your report once completed.

The sub-committee's decision will be ratified at a full sitting of the Biomedical Research Ethics Committee meeting to be held on 12 September 2006.

Yours sincerely

PROFESSOR J MOODLEY
Chair: Biomedical Research Ethics Committee

APPENDIX C

Department of Health
P.Bag x 9051
Pietermaritzburg
3200

To whom it may concern:

I am a Masters in Nursing Management student at the University of Kwa-Zulu Natal. As part of my curriculum for research thesis and dissertation, I am expected to complete a research study. The research study is, "A Study Identifying Nurses Perceptions on What Factors Influence Nurse Absenteeism in Durban, South Africa".

I hereby wish to apply for permission to collect data in these hospitals;
Addington, Mahatma Gandhi Memorial Hospital, St Aidans, R.K.Khan, King Edward VIII and Wentworth Hospital. An expected time frame of two weeks, minimally, will be required to collect data from nurses, including day and night staff. All study participants will be expected to complete a brief questionnaire on their perceptions of nurse absenteeism. All results and names of participants will be confidential. The results of the study will be conveyed to this institutional management, hoping that information provided will help management understand and rectify reasons for nurse absenteeism. Nurse absenteeism is a costly and intense problem in any organization. Information then, from the data collection is crucial enabling efficient functioning of a successful work force.

Attached are copies of ethical clearance from the University of Kwa Zulu Natal-Research Office-Biomedical Research Ethics Administration from the Nelson R. Mandela School of Medicine, a copy of the research proposal, approved by both the Nelson Mandela School of Medicine and the University of Kwa-Zulu Natal, the questionnaire for data collection and consent forms for study participants to complete enabling them to be apart of the study.

Yours sincerely
Miss P.D. Mudaly

APPENDIX D:

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building,
330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 395 3070,
Fax.: 033 – 394 3782
Email.: Scelo.dlamini@kznhealth.gov.za
www.kznhealth.gov.za

HEALTH
KwaZulu-Natal

Reference : HRKM066/06
Enquiries : Mr. S.S. Dlamini
Telephone : 033 – 395 3070

11 May 2007

Dear Ms. Mudaly

Subject: Nurses perceptions on factors influencing nurse absenteeism research project

1. The research proposal entitled **A study identifying nurses' perceptions on what factors influence nurse absenteeism in Durban, South Africa** was reviewed by the KwaZulu-Natal Department of Health. The proposal is hereby **approved** for research to be undertaken at the hospitals specified in your proposal.

2. You are requested to undertake the following:
   a. Make the necessary arrangements with the hospitals identified in your proposal to seek permission to conduct research before commencing with your research project.
   b. Provide an interim progress report and final report or dissertation (electronic and hard copies) when your research is complete.

3. Your final report or dissertation must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to scelo.dlamini@kznhealth.gov.za.

For any additional information please contact Mr. S.S. Dlamini on 033-395 3070.

Yours Sincerely

Dr. S.S.S. Buthelezi
Chairperson: Provincial Health Research Committee
KwaZulu-Natal Department of Health

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

APPENDIX E:

From: Prenola Devasree Mudaly
47 Moonien Road
Overport
Durban
4091
Telephone no: 031-2075700
e-mail address: prenola1@hotmail.com
University of Kwa-Zulu Natal,
Deparment of Nursing
Telephone number for enquiries: 031-2602499

To the Hospital manager or Nursing Service Manager:
To whom it may concern:

I am a Masters in Nursing Management student at the University of Kwa-Zulu Natal. As part
of my curriculum for research thesis and dissertation, I am expected to complete a research
study. The research study is, "A Study Identifying Nurses Perceptions on What Factors
Influence Nurse Absenteeism in Durban, South Africa".
I hereby kindly request your permission to allow me entry into this institution for data
collection. An expected time frame of two weeks, minimally, will be required to collect data
from nurses, including day and night staff. All study participants will be expected to complete
a brief questionnaire on their perceptions of nurse absenteeism. All results and names of
participants will be confidential. The results of the study will be conveyed to this institutional
management, hoping that information provided will help management understand and rectify
reasons for nurse absenteeism. Nurse absenteeism is a costly and intense problem in any
organization. Information then, from the data collection is crucial enabling efficient
functioning of a successful work force.

Attached are copies of ethical clearance from the University of Kwa Zulu Natal-Research
Office-Biomedical Research Ethics Administration from the Nelson R. Mandela School of
Medicine, a copy of the research proposal, approved by both the Nelson Mandela School of
Medicine and the University of Kwa-Zulu Natal, the questionnaire for data collection and
consent forms for study participants to complete enabling them to be apart of the study.

May I kindly request to begin the research study and data collection at this institution.

I wait in anticipation for a favorable response to be allowed to conduct research and data
collection at this institution. Any correspondence can be done through the contact details
provided above. For further enquiries please contact the University of Kwa-Zulu Natal,
Department of Nursing on the number provided.

Thanking you in advance

Yours sincerely
Miss P.D. Mudaly.

APPENDIX F:

R.K. KHAN HOSPITAL
Private Bag X004
CHATSWORTH
4030
Tel.:031 - 4596001 Fax 031 - 4011247.:
Email : h971782@dohho.kzntl.gov.za

HEALTH
KwaZulu-Natal

ENQUIRIES: DR P.S. SUBBAN

3 May 2007

Prenola Mudaly

Dear Madam

PERMISSION TO CONDUCT RESEARCH : A STUDY INDENTIFYING NURSES PERCEPTIONS ON WHAT FACTORS INFLUENCE NURSE ABSENTEEISM IN DURBAN, SOUTH AFRICA.

Your email dated 25 April 2007 refers.

Permission is granted to conduct the above study at this Institution provided:-

- Confidentiality is maintained at all times
- Your research does not interfere with the smooth running of the hospital
- Research is conducted during normal working hours.
- Proper consent is obtained from nurses participating in your study
- Hospital records are not taken out of the hospital
- The hospital receives a copy of your research on completion

Kindly liaise with Mrs F.J. Ngidi on Telephone No. 031-4596030.

Yours faithfully

2 MAY 2007

HOSPITAL : CEO
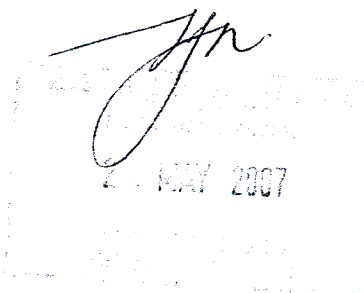
Please give bearer Visitors Card from 29th to end of June.

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

APPENDIX G:

To whom it may concern:

I have edited, for English language usage, the thesis written by Ms Prenola. D. Mudaly, on a research study:

Nurses' views on which factors cause nurse absenteeism in Durban, South Africa.

Rosemary. M. Cadman.
B.A; U.E.D, B.Ed (UN. Pmb)
6th June 2008.