THE EFFECTS OF ABSENTEEISM ON NURSES THAT REMAIN AT WORK AT THE MANKWENG HOSPITAL IN THE CAPRICORN DISTRICT, LIMPOPO PROVINCE

BY

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DECLARATION

I declare that the **EFFECTS OF ABSENTEEISM ON NURSES REMAINING AT WORK AT MANKWENG HOSPITAL, CAPRICORN DISTRICT IN THE LIMPOPO PROVINCE** dissertation hereby submitted by University of Limpopo, for the degree Masters in nursing science in the Nursing field has not been submitted by me for a degree at this or any other university; that it is my own work in the design and in execution , and that all materials contained herein are dully acknowledged, and that all the sources that I have used in the study have been indicated and acknowledged by means of references and that this work has not been submitted before for any degree at any institution.

…….. …….

MALATJI MM (Ms) DATE

DEDICATION

In memory of my late grandfather Mogashoa Makodi Phillip ‘Tau’, you have been my inspiration from childhood until now. May your spirit continue to guide me in everything I do! I also dedicate this study to my son Malatji Kefiloe Modupi for your understanding and support though it was difficult for you to understand what I was doing.

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- The Limpopo Province: Department of Health, for giving me permission to conduct the study in the health care facility.
- The CEO at Mankweng Hospital for granting me permission to conduct this study.

LIST OF ABREVIATIONS

- CEO - Chief Executive Officer
- MREC- Medunsa Research and Ethics Committee
- RAN – Registered auxiliary nurse
- RPN – Registered professional nurse
- RSN – Registered staff nurse

DEFINITION OF CONCEPTS

Effects

Refers to something brought about by a cause or agent, the result (Dictionary of the English language, 2000). In this study effects means the results of health professionals who absent themselves at work.

Absenteeism

Absenteeism refers to a habitual pattern of absence from duty (Hanebuth, 2008). In this study absenteeism means a health professional become absent from work without employers knowledge of someone's whereabouts.

Nurses

Refers to a person registered in category under section 31 in order to practice nursing or midwifery (Nursing Act, 2005). In this study nurse refers to registered professional nurses, registered staff nurses and registered auxilliary nurses taking care of patients in the wards at Mankweng Hospital.

Remain

Refers to continuing to be in the same place or stay behind (Dictionary of the English language, 2000). In this study remain mean being left on duty by absent colleagues.

Work

Work refers to something that one is doing, making or performing as an occupation or undertaking a duty or task (Dictionary of the English language, 2000). In this study work will mean duties done by nurses.

ABSTRACT

Absenteeism is a global problem in the working force and this is no exception in the nursing profession. A lot of attention has been drawn to factors that contribute to absenteeism however little attention has been placed on the effects of absenteeism on the remaining workers/nurses being left behind in the workplace by their colleagues. Nurses absent themselves leaving behind their colleagues to do their work. Nurses who are committed to their work often find themselves working under strenuous conditions due to inadequate staff. These may lead to poor patient care provision, nurses feeling overworked and sick due to the increased workload.

The purpose of this study was to investigate the effects of absenteeism on nurses that remained at work at Mankweng Hospital in the Capricorn District, Limpopo Province. A descriptive cross sectional quantitative research design was conducted to determine if there were any effects of absenteeism on nurses remaining at work. Data collection was done using structured questionnaires. The respondents (n=107), consisted of different categories of registered nurses (professional nurses (n=43), auxillary nurses (n=40) and staff nurses (n=24)) who participated in this study.

The findings indicated that most nurses (76, 6%) are demotivated and they struggle with completion of duties when their colleagues are absent. Patient care that nurses provided when their colleagues were absent was of poor quality as set standards and principles were not adhered to. Individualised patient care was not being implemented due to absenteeism. This simply implies that routine work is being done to cover basic duties. Most nurses (74, 8%) believed that favoritism and lack of appreciation of nurse's skills and capabilities are being displayed by managers and that this contributes to absenteeism. Nurses who are loyal sacrifice their time and work overtime for absent colleagues and this led to fatigue and stress.

From the study findings it is recommended that nurses be trained frequently to upgrade their studies to motivate them to work. Government can provide this training to improve their skills as this will motivate nurses to work harder and be committed to their work. Trainings can be offered after a stipulated period. For example after every five years a nurse can be provided with a new skill. Team building events must be encouraged for the whole hospital to motivate staff.

In conclusion the study revealed that absenteeism poses detrimental effects on nurses, the hospital and patients. More and more nurses end up changing work place due to these effects.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Absenteeism is a global problem that cost countries billions of rands per year, despite measures formulated to decrease it. This is confirmed by the study conducted by Vivienne and Bamford (2011) in the United Kingdom who investigated the factors contributing to people being absent from work. However, the study gave little attention to the effects of absenteeism on the workers who remained in the workplace. Absenteeism is on the rise and no adequate solutions have been found (Vivienne & Bamford, 2011).

The current world-wide shortage of nurses highlights the importance of understanding the impact and dynamics of absenteeism on relationships in health care organizations. Interventions need to be implemented that address for example the attitudes of nursing staff members that still need to work on scheduled days while colleagues may be absent (Hong, Banbal, Zhang & While, 2012). These authors further state that employees who are emotionally committed to the organization, tend to be more productive and tend to be less likely to be absent from work or quit their jobs.

Nursing staff perform high emotional labour work according to duty schedules which influence job satisfaction and organisational commitment (Yang & Chang, 2008). It was found that some aspects that contribute to absenteeism include attitudes of health professionals towards their work, rotation and working on night duty, low appreciation of work rendered and doing the same tasks every day (Woods & Buckle, 2006).

Health professionals who are committed to their duties often find themselves confronted by challenges, like providing care to patients with lack of manpower due to their colleagues not coming to work as scheduled (Ragani, 2012). This could lead to fatigue amongst health professionals (Gander, Hartley, Powel, Cabon, Hitchcock, Mills & Popkin, 2011). Co-workers are then forced to cover the work left by their colleagues

leading to inequality in work distribution and a further increase in absenteeism (Harison & Martocchio, 1998). This often leads to poor patient care and a decrease in the quality of work done (Misha, 2006).

Standards and principles guiding patient care are often seen as hard to follow, and this situation is worsened by the absenteeism of health care professionals (Prophetta, 2010). Furthermore, absenteeism amongst nurses seems to be a world-wide challenge (Galo, 2011). According to Herdis, Berieng and Ramel (2006), the studies that have been conducted throughout South African universities on absenteeism amongst health care professionals, reached similar conclusions linked to provision of poor nursing care. Heavy workloads and high levels of workplace stress influence nursing care quality, resulting in difficulties experienced by health care professionals in meeting their patients' needs (Herdis *et al*., 2005).

This study was aimed at identifying the effects of absenteeism on nurses that remained on duty at Mankweng Hospital in the Capricorn District, Limpopo Province.

1.2 PROBLEM STATEMENT

Nurses who are committed to their work often find themselves working under strenuous conditions due to inadequate staff. These may lead to poor patient care delivery, feeling overworked and getting sick due to the increased workload. Nurses then tend to change work places in a search for better and non-strenuous working environments. In each hospital, at least one nurse is absent in each ward every week, that causes shortage to already short staffed wards in public hospitals (Department of Health, 2013). Shortage of nurses could lead to more nurses resigning due to increasing workload and inability to cope with the job demands. The researcher observed that over a period of six months, two nurses resigned every month in two wards that were known to be busy and strenous. In the context of this study, it seemed that the absenteeism of nurses could have an effect on the remaining colleagues in the workplace. This study was therefore to identify and describe the effects of absenteeism on nurses remaining at work while their colleagues were absent at the Mankweng Hospital in the Capricorn District, Limpopo Province.

1.3 INTRODUCTION TO LITERATURE

Under this section, literature related to the effects of absenteeism on nurses that remained at work, was briefly described. Nurses are viewed by the community as people who are highly responsible because the lives of many people are dependent on their skills (Heidenthal, 2003). A number of factors are believed to be contributing to absenteeism which includes characteristics of a nurse; workplace management as well as characteristics of the organization (Ragani, 2012).

1.3.1 Effects of absenteeism

Effects of absenteeism on health professionals left behind in the workplace, includes loss of income by the organization, due to hiring temporary personnel. It also reduces productivity and lead to staff burnout due to increased workload (Misha, 2006). In the study conducted by Prophetta (2010) at Nelson Mandela Bay, it was found that health professionals were struggling to provide expected services to patients because they were affected by absenteeism of some of their co-workers. Ramasodi (2010) is of the opinion that staff will perform better when they are satisfied in their workplace.

Other effects of absenteeism on colleagues include poor health care provision due to increased workload. Nurses are sometimes forced to postpone their leave and off days to cover the workload of their absent colleagues (Rantanen, 2012). Shift work may be affected for certain days or nights. The author further states that on the other hand, there could be a need for overtime work for some nurses either working for compensation or for hours to be rewarded later, when there is enough staff on duty. It is even mentioned, that nurses who care about their work obligations come to work being sick, due to the extent of work that needs to be covered (Rantanen, 2012). Psychological distress, depression and burnout are mental problems that these health care professional could find themselves suffering from (Marchard, Demers & Durand, 2005).

1.3.2 Factors contributing to absenteeism

In a study conducted amongst student nurses in England, it was found that lack of motivation and unwillingness or inability to accept a role allocated may exacerbate absenteeism (Lipscomb & Snelling, 2009). Misha (2006) mentioned that lack of commitment is one of the contributory factors to absenteeism. In the study conducted by an unknown author at Yugoslavia, other factors that were found to be contributing to absenteeism include unsatisfactory working conditions, shortage of equipment, and financial problems and nurses conducted part-time jobs (Unknown author, 2012). Absenteeism is misconduct in the eyes of the community, colleagues and to the employer. On the other hand, job involvement and organisational commitment are used to predict staff turnover and absenteeism. According to Indris, Dollard, Coward and Dormann (2012), managers often have less concern for stress prevention and psychological health of their employees. The high emotional demand of the nursing job may in turn lead to depression of employees.

1.3.3 Strategies to reduce absenteeism

A study conducted in Norway and United Kingdom in 2000 found that employees were highly committed to their work and showed responsibility to fellow colleagues (Sheika & Youris, 2006). In the same study, it was found that the greater the reliance employees have of each other, the lower the level of their absenteeism. People are less inclined to take time off, if they know that workmates will suffer due to their actions. An open door communication policy, overall supervision, motivation, enhancing employee's abilities and managers positive attitude and support of their employees, could promote the work climate and improve job performance, contributing positively towards solving absenteeism (Sheika & Youris, 2006).

1.3.4 Theoretical assumptions

This study was based on assumptions of the Human Relations Theory by Elton Mayo (Kelly, 2008), which indicted that absenteeism had effects on those remaining in the workplace. Mayo found that environmental conditions had an effect on employee productivity and that productivity was also enhanced by social and psychological

factors. In the context of the above literature, it seems as if absenteeism could have effects on nurses remaining in the workplace to stand in for their colleagues who are absent.

1.4 AIM OF THE STUDY

The purpose of this study was to investigate the effects of absenteeism on nurses that remain at work at Mankweng Hospital in the Capricorn District, Limpopo Province.

1.5 RESEARCH QUESTIONS

From the problem statement the following questions were formulated:

- What are the factors contributing to absenteeism of nurses at Mankweng Hospital?
- How does absenteeism affect nurses who remain at work at Mankweng Hospital?
- What are the strategies that could deal with absenteeism in order to improve patient care?

1.6 OBJECTIVES OF THE STUDY

The objectives of this study were to:

- Identify factors contributing to absenteeism of nurses at Mankweng Hospital.
- To describe effects of absenteeism on nurses working at Mankweng Hospital.
- To recommend strategies that could be utilised to reduce absenteeism of nurses at Mankweng hospital in the Capricorn district, Limpopo province.

1.7 RESEARCH METHODOLOGY

A quantitative research approach was used to conduct this study as it deals with enquiring into social or human problems based on testing a theory composed of variables, measuring with numbers and analysing with statistical procedures. These

was done to determine whether the predictive generalisation of the theory hold truth (De Vos, Strydom, Fouche` & Delport, 2012). Quantitative research was used to investigate and describe the effects of absenteeism on nurses at Mankweng Hospital using statistics, and confirming results by literature and findings from previous studies.

1.7.1 Study site

The study was conducted at Mankweng hospital which is one of the tertiary hospitals in the Capricorn District of the Limpopo Province, situated at Mankweng Township approximately 33 kilometers from the City of Polokwane. It serves as a referral hospital for most hospitals in the province. The hospital has 462 usable beds. Staff patient ratio in 2013 was 1:4 for normal wards and less in highly specialiased units. The hospital has 540 registered nurses of which 275 are professional nurses, 140 are staff nurses and 125 are auxiliary nurses. The hospital serves large number of patients as it is a referral hospital and sometimes nurses are overworked leading to fatigue and subsequent absenteeism.

1.7.2 Research design

A cross-sectional descriptive study design was conducted in this study; all data was collected at the same time with respondents and no identical study was done after a specific period (Brink, van der Walt & van Rensburg, 2012). This design was chosen as data was collected on registered nurses of different categories at the same time, that is professional nurses, staff nurses and auxiliary nurses.

Deductive reasoning was used in this study by doing a literature review which guided the formulation of a structured questionnaire that was given to respondents during the data collection phase of the study.

1.7.3 Population and sampling

Population refers to a complete set of people that has some common characteristics that are of interest to the researcher (Brink *et al*., 2012). The hospital had 540 nurses of which 361 worked in the wards. The population in this study was thus all registered nurses in different wards at Mankweng Hospital practicing as

- Registered professional nurses (RPNs) (n=173)

- Registered staff nurses (RSNs) (n=91), and
- Registered auxiliary nurses (RANs) (n=97), working in different wards at Mankweng Hospital.

1.7.3.1 Sample size

From the population (n=361), the sample was calculated as 186 respondents. This is the estimation was done from Krejcie and Morgan (1970) sampling size table. Of the 186 nurses, 62 RPNs, 62 RSNs and 62 RANs formed the sample population.

1.7.3.2 Sampling technique

Respondents was chosen randomly using simple probability sampling which means that samples were drawn in a random way from a sampling frame. Respondents were chosen from a computer generated list provided by the Human Resource Department and every second respondent was selected to be approached to take part in the study.

- **Inclusion criteria**

Nurses participating in this study must have at least one year experience in the ward and must be permanently employed. Only nurses who are working at Mankweng Hospital will take part in this study. The reason for choosing these inclusion criteria is that nurses working in the wards work as shift workers and if one of their colleagues is absent it has a direct effect on them and patient care. Nurses that have one year experience might have relevant experience with other colleagues and patient care. Nurses who are not employed on a permanent basis often provide supportive work and some are new in the nursing field and do not have enough experience.

- **Exclusion criteria**

Nurses who have less than one year experience in the wards have less experience with regard to working in the ward. Contract employed nurses are in most cases focusing on administrative work and some are new in the nursing field and does not have adequate experience with fellow colleagues and patient care.

1.8 DATA COLLECTION METHOD

Data was collected through a structured self-administered questionnaire which was personally handed to nurses working in the wards. The questionnaire consisted of three parts namely demographical information, factors contributing to absenteeism and effects of absenteeism on remaining nurses. The questionnaire was written in English and was not translated to other languages as the respondents were professionals that understood Basic English. The researcher handed out the questionnaires personally, and waited while respondents completed them, to clarify and answer questions related to the questionnaires, when respondents did not understand (De Vos *et al*., 2011). Data was collected for nine weeks, during the day and night shifts.

1.9 DATA ANALYSIS

Data was analysed using the IBM Computer programme Statistical Package for the Social Sciences (SPSS Version 23) with the assistance of the University of Limpopo statistician. Descriptive statistics were used. Hypothesis was tested to determine the effects of absenteeism on nurses that remain in the work environment at Mankweng Hospital in the Capricorn District, Limpopo Province. Chi-square test was used to test associations between demographic information, factors contributing to absenteeism together with effects of absenteeism on nurses remaining at work. Data was presented using graphs and charts to illustrate responses.

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1.10 VALIDITY AND RELIABILITY

Validity refers to the degree to which the measurement represents a true value (Botma Greef, Mulaudzi & Wrights, 2010). In this study validity was ensured by doing a literature review about the research topic in Chapter 2. The questionnaire was analysed by a panel of lectures in the Nursing Department, the Senior Degrees Committee and Medunsa Research and Ethics Committee (MREC) and changes were made as suggested. Reliability is defined as the matter of whether a particular technique, applied repeatedly on the same objects will yield the same results each time (Barbie & Mouton, 2011).

1.11 BIAS

Bias refers to any influence that produces a distortion or misrepresentation of an outcome of a particular finding in a study (Botma *et al.,* 2010). The questionnaire was not translated to other languages as respondents in this research were nurses that could speak English. Simple probability sampling was used to sample respondents. Every second nurse was chosen to take part in the study from the list generated by the

Human Resource Department. Only nurses who were chosen based on the list was included in the study.

1.12 THEORETICAL DEPARTURE

This study was based on assumptions of the Human relations theory by Elton Mayo (Kelly, 2008). He conducted a study at a western electric company on workers in the 1930. The initial focus of the study was to determine if working conditions had an impact on productivity and he found that psychological and social factors also played a role in productivity (Kelly, 2008). This study was then named the Hawthorne effect which means subjects become more productive because they felt more important and appreciated.

Mayo found that workers performed better when norms were being set by group members themselves. Performance can be improved by giving acknowledgement to workers. Morale improves when workers are given the opportunity to air their grievances.

Mayo came up with a model which tries to describe that human being's ability to be productive stems from the following process: the need which produces motivation which leads to goal directed behaviour and this result in need satisfaction (Kelly, 2008). A detailed explanation of this process follows below (also see Figure 1):

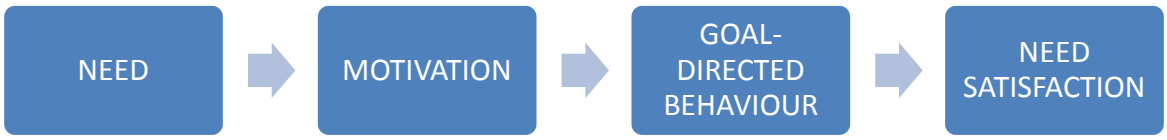


Figure 1: Motivation and satisfaction (Kelly, 2008)

In this study the following assumptions are made:

- The need means lack of something required for survival (Colman, 2009). In this study the need nurses has, is that all must be at work as scheduled. If nurses are

happy they can perform activities as required and not leave their responsibilities to their colleagues. Reporting on duty as scheduled is an expectation that an employer has for all appointed staff. This is known from the initial appointment date.

- Motivation refers to the driving forces responsible for initiation, persistence, direction and vigour of goal directed behaviour (Colman, 2009). In this study motivation refers to external and internal drives that should encourage nurses to be punctual as scheduled. In most cases nurses are demotivated due to several factors that include the nature of the institution, working conditions, poor interpersonal relationships with their colleagues, family support and other social factors surrounding them.

- Goal-directed behaviour refers to the behaviour a person displays that shows the aim the person has (Colman, 2009). The behaviour a person displays or possesses shows that one wants to achieve the set goal within a stipulated time frame. The primary goal for nurses working in the hospital is provision of quality care and this requires adequate human resource and time allocation. If people are absent from work, this means their behaviour is not goal directed and they will not achieve the goals of the health care institution. If all factors responsible for demotivating nurses to come to work are solved, negative effects that absenteeism has on nurses, remaining at work and provision of quality patient care could be maintained.

- Need for satisfaction. In this study the need for satisfaction was attained if motivation of nurses was adequate. In this way nurses were happy as they would not be posing undue pressure on the workload to their colleagues with regard to job demands.

1.13 ETHICAL CONSIDERATIONS

Ethical clearance was sought from the Medunsa Research and Ethics Committee (MREC). Permission to use Mankweng Hospital for conducting the study was sought

from the Health Ethics Committee of the Limpopo Province Department (Appendix 2A). Permission to distribute questionnaires amongst nurses was obtained from the Chief Executive Officer and the nursing manager of the Mankweng hospital (Appendix 2B). Respondents were informed about the study details and their rights to withdraw at any time, should they wish to do so, without the fear of being victimised. Aims and objectives of the study were explained to respondents and clarifications, if needed, were also provided. Consent forms were signed as proof that participation is voluntary and they understood the purpose of the study, (Appendix 1). No names were written on the questionnaires, ensuring anonymity of respondents. Questionnaires were numbered.

1.14 SIGNIFICANCE OF THE STUDY

- This study might be helpful in understanding the effects of absenteeism on nurses who remain at work whilst colleagues are absent from Mankweng Hospital.
- This might also help the department of health to come up with strategies to overcome absenteeism and provide support to nurses who remain at work.
- The recommendations of this study might help nurses who absent themselves from work to understand the implications of their behaviour to fellow colleagues.
- The strategies suggested might help in improving patient care because there will be less unnecessary absenteeism.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents views of various authors on absenteeism of employees from work which also includes perspectives from various countries.

A lot of time and effort is invested by several personnel (including the nursing unit manager) in the institution on staffing and scheduling of duty in the nursing unit (Meyer, Naude & van Niekerk, 2004). The purpose of all this effort is to enhance holistic/quality nursing care provision in the unit. Absenteeism refers to the time that the member is absent from scheduled work (Meyer *et al.,* 2004). This in simple terms means that the personnel member has been scheduled to be on duty but did not report for duty (Meyer *et al.,* 2004. In the study conducted by Mudaly (2009), two types of absenteeism are mentioned as voluntary and involuntary. Voluntary absenteeism refers to absence which is controlled by an employee. Employees thus absent themselves in order to go to e.g. other job opportunities, which could be an indication of job dissatisfaction or lack of commitment by the employee. Involuntary absenteeism may include a certified sickness and/or a family member crisis for example attending a funeral. The latter could be a factor beyond an employee's control (Mudaly, 2009).

Madibana (2010) states that absenteeism has three categories namely:

1. White absenteeism - whereby it is quite obvious that the employee is sick, the employee consults and is given treatment by the doctor. This can also be the case whereby the employee is being seen that she/he is ill.
2. Grey absenteeism - whereby the illness of the employee is psychological or psychosomatic such as a headache and tiredness.
3. Black absenteeism - someone who is not sick reports himself as sick. This black variant of absenteeism can be seen as anti-co-operative behaviour towards other

employees within the team as the same amount of work has to be done by fewer employees.

2.2 FACTORS INFLUENCING WORK ABSENTEEISM IN DIFFERRENT COUNTRIES

Factors influencing work absence can be national or regional, organisational or departmental and personal. Precarious employment characteristics by instability, exposure to hazardous things and poor salaries can be other factors. Characteristics of employees like gender, working hours and cohesiveness could also contribute to absenteeism. Absenteeism can be due to work or non-work factors. Work factors are those factors that bring job satisfaction, such as good working conditions; non work factors are those factors outside the organisation like weather (Madibana, 2010; Gaudine & Gregory, 2010).

Absenteeism can vary in days, as normal recuperation after major surgery is normally forty two days (six weeks) for major post abdominal surgery and other major operations. Nurses can be booked off-sick for more than two months due to Human Immune Virus epidemic. However, some people choose not to comply with the requirements of legislation (Madibana, 2010).

Full detailed discussion of factors that causes absenteeism is as follows:

- **Personal factors**

These personal factors include age, gender, and marital status, length of service, education, and health and income level. Single employees younger than 30 years of age have little commitment, as most are not married and do not have families. Employees with service of longer than 10 years are found to be more responsible than those who think they have nothing to lose and can absent themselves from work at any time (Madibana, 2010; Orly & Shmuel, 2011).

- **Organizational factors**

Organizational factors include organizational size, work group size, nature of supervision, overtime, incentive scheme and type of work an individual does. In small organizations, employees have fewer challenges and get bored thus become tempted

to be off duty. Poor supervision encourages absenteeism in all aspects. Employees move in and out as they wish without anyone correcting/checking on their movements. Proper records are usually not kept to see who is usually absent as this is not welcomed by employees as they take it as exploitation. Employees also tend to absent themselves after payments of overtime (Triphathi *et al.,* 2010).

- **Attitudinal factors**

The attitudes factors include job satisfaction and the state of the economy. Job satisfaction encourages employees to come to work frequently. They are motivated and see the value of coming to work always. When employees are well paid they come to work as expected (Gaudine & Gregory, 2010).

- **Social factors**

Social factors include inadequate transport system, difficult townships and hostels violence. Where there is proper infrastructure like roads and railway lines, employees do have problems reach to their work environment (Madibana, 2010).

2.3 EFFECTS OF ABSENTEEISM

Ndlhovu (2012) recons that absenteeism has adverse effects on those employees who are good attendants, they are often shuffled around to fill in the positions of absent employees. Moreover it was indicated that there is reduction of quality patient care rendered by nurses when nurses are absent (Madibana, 2010; Moret, Anthoine, Paille', Tricaud-Vialle, Gerbaud, Giraud-Roufast, Michel & Lombrai, 2012). Ndlovu (2012) further argues that employee attendance is a vital element for managing productivity of any institution and its individual members. The total cost of the employment risk approach is about the estimation of the possible cost of any absent employee to an institution per hour. The cost may be direct or indirect, such as overtime, low productivity and the decline in morale among workers who are expected to cover for absent colleagues (Ndlhovu, 2012).

In the study conducted by Nyathi (2005) it was found that absenteeism can escalate to the point that it directly affects the smooth running of an institution. The study further mentions that research findings show that many health care institutions poorly manage

and record absenteeism of nurses. This means managers often tolerate absenteeism until it interrupts the work schedule. In the same study, it is stated that absenteeism of nurses leads to increased staff shortage in health care institutions. The study findings of Nyathi (2005) are similar to studies conducted in Canada and France (Gaudine & Gregory, 2010; Moret *et al.,* 2012). It should however be noted that nurse managers and patients alike, expect nurses to be on duty to complete all their allocated tasks on time and meet health care needs of patients irrespective of staff shortage (Nyathi, 2005; Ndhlovu, 2012; Moret *et al.,* 2012).

Nyathi (2005) found that nurse managers often experience difficulties in reallocating nursing tasks of those who are absent from work to those nurses who are present, to ensure continuity of patient care in the unit. Sometimes the nurse allocated to stand in for an absent colleague may be unfamiliar with the tasks to be performed (Nyathi, 2005; Unknown author, 2012). The nurse may need orientation and more supervision from the unit manager to perform newly allocated tasks. It was also found that specialist nurses are not replaced with nurses with similar skills in most cases, which result in performance and safety issues for the organization being questionable (Ndlhovu, 2012; Moret *et al.,* 2012). For example when an intensive care unit professional nurse is absent she may be replaced with a general nurse, therefore, patient care may be compromised. This poses emotional stain on an employee allocated to work as a specialized nurse (Unknown author, 2012).

The study conducted in France by Gaudine and Gregory (2010), it was found that absenteeism and the resulting increased workload for the remaining nurses, could lead to the situation in which patient care is provided under pressure, thereby lowering the quality of patient care. The findings also revealed that various tasks are then not completed and that scheduled deadlines are unmet. The remaining nurses experience work related stress, which adversely affect morale and in turn causes absenteeism (Nyathi, 2005; Ndlhovu, 2012; Moret *et al*., 2012). Ndlhovu (2012) states that an absent employee - be it physical or psychological - remains an unproductive employee. The latter author believes absenteeism from an employer’s perspective is regarded as a

problem, that impacts negatively on service delivery while the employees' believe is that their mere presence in the workplace is demonstrating productivity. According to the study conducted by an unknown author (2012) in Yugoslavia, being at work requires one to be mentally and physically fit.

2.3.1 Effects of absenteeism on patients

Khumalo (2001) indicated that absenteeism has detrimental effects on patient care, nurses and the institution as a whole and that this could portray a bad image of the nursing profession to the public. It was outlined that in order to provide quality patient care, adequate personnel must be available to the health care units. In a study conducted in Canada and in France it was found that overworked nurses find it harder to cope with pressures when there were extra efforts to be made (Gaudine & Gregory, 2010; Moret *et al.*, 2012). Khumalo (2001) further believed that staff shortage could lead to patients being neglected. It was further indicated that nurses can make omissions involuntarily due to shortage of staff caused by absent colleagues, and mistakes can harm patients. Sometimes nurses are reported to their statutory bodies, e.g. the South African Nursing Council by the public for the omissions they make due to unavailability of staff (Khumalo, 2001) and the Canadian Nurses Organisation for omissions when offering nursing care (Gaudine & Gregory, 2010).

2.3.1.1 Reduced individualised care

Khumalo (2001) stated that nurses may sometimes reduce individualised patient care and may not provide care according to patients needs as unique individuals. Patients are sometimes neglected due to nurses adhering to routine activities and neglecting specific nursing care (Unknown author, 2012; Khumalo, 2001). This often leads to medico-legal risks, a bad image of the institution and sometimes law suits against the health care institution (Khumalo, 2001; Gaudine & Gregory, 2010).

2.3.1.2 Long hospitalization of patients

In studies conducted in South Africa and France respectively, it was found that a high rate of absenteeism among nurses contributed to some nursing activities not being done and this resulted to longer hospitalisation of patients (Khumalo, 2001; Gaudine &

Gregory, 2010). Long hospitalisation of patients may have psychological effects such as depression and stress on the patient and their families (Moret *et al.,* 2012).The psychological effect of absenteeism on a patient might result from the fact that the patient who is longer hospitalised may lose his employment, and sometimes they may lose income while being hospitalised. This causes unnecessary expenditures for the patient that is also accountable for hospital bills at discharge (Khumalo, 2001; Moret *et al.,* 2012).

2.3.2 Effects of absenteeism on health care institution's finances

Absenteeism of nurses has huge financial implications for health care institutions and it is estimated that absenteeism of nursing staff cost countries billions of rands per year (Nyathi, 2005; Moret *et al.,* 2012). These financial costs include sick leave benefits paid to absentees and the hiring of replacement nurses. Revenue is lost in some countries due to paying nurses when they did not provide services, for example when they were sick (Nyathi, 2005; Hlophe, 2005). Salaries of replacement places strain on the organizational budget (Nyathi, 2005; Moret *et al.,* 2012). Another aspect is that hospitals can be sued for the mistakes made by inexperienced nurses (Khumalo, 2001; Moret *et al.,* 2012).

2.3.3 Effects of absenteeism on nurses remaining at work

Absenteeism of nurses places a continual strain on the already limited number of nursing staff in health care institution in many countries (Nyathi, 2005; Unruh *et al*., 2007). A sufficient number of nurses are essential for the delivery of quality nursing care in health care institutions. Nurses form the backbone of the health care delivery system world-wide, and adequate nursing staff members are needed to address the health care needs in the community (Nyathi, 2005; Unruh *et al*., 2007; Davey *et al.*, 2009; Rajbhandary & Basu, 2010, Triphathi *et al.,* 2010). Nursing is inherently a demanding profession, with more focus on the patient than the provider of patient care (Nyathi, 2005; Unruh *et al.,* 2007; Davey *et al.,* 2009; Rajbhandary & Basu, 2010, Triphathi *et al.,* 2010).

2.3.4 Effects of absenteeism on nurses' families

There are effects of absenteeism on families of nurses' who remain at work based on the strain they are taking due to the fact that their colleagues are absenting themselves unnecessary. Additionally absenteeism put strain on remaining nurses and their families as they have to work extra time whilst neglecting their families. This also inconveniences families because they have to change shifts to cover absent colleagues resulting in hard working nurses neglecting their family duties due to stress and fatigue (Moret et al., 2012; Rajbhandary & Basu, 2010).

According to Hlophe (2005), absenteeism is a side effect of personnel problems, ineffective management, poor working relationships, boredom, lack of control over decisions affecting one's life including family members..

2.4 STRATEGIES FOR REDUCING THE INCIDENCE OF ABSENTEEISM

These are some of the strategies that can reduce absenteeism:

- **The improvement of nurses' morale**

Morale of nurses who are always on duty must be improved by the introduction of incentives, like giving rewards for good performance, encouraging and motivating for self-development (Khumalo, 2001; Sheika & Youris, 2006; Yang & Chang, 2007; Ndlhovu, 2012). Nurses who replace those who are absent must receive special training or orientation for those units in which they are going to be allocated to (Khumalo, 2001).

- **Improvement of transportation for nurses**

There should be co-ordination of work hours with public transport so that transport is available for the nurses when they come to and go off duty. Alternative cheap transport should be available for nurses to prevent absenteeism (Nyathi, 2005; Moret *et al.,* 2012).

- **Provision of free health care services for nurses**

Free health care services for nurses may be another method of reducing absenteeism

caused by fake illnesses (Khumalo, 2001; Gaudine & Gregory, 2010). These free health services should be made available at the hospital where nurses are working. In first world countries health services are provided for free to all staff members in hospitals (Gaudine & Gregory, 2010; Moret *et al.,* 2012).

- **Effective communication**

Institutions should raise awareness amongst employees, about their rights and responsibilities with regard to leave of absence and the consequences of abusing it (Gaudine & Gregory, 2010; Ndhlovu, 2012). Policies on how to manage absenteeism should be formulated involving staff and their unions (Ndhlovu, 2012).

- **Empowerment of managers**

Workplace absenteeism is multi-dimensional, requiring input from all related fields (Gaudine & Gregory, 2010). Ndhlovu (2012) reckoned that managers require on-going training on issues that relate to workplace absenteeism. Labour relations units must support the training of managers on grievance handling, and bilateral and multi-lateral encounters with employee representative around employee education issues due to workplace absenteeism (Unknown author, 2012).

2.5 MANAGEMENT OF ABSENTEEISM

Managing workplace absenteeism remains a challenge for all employers. It is believed that provision of good quality health care is vital for the development of human capital. The implications of declining quantity and quality of care are serious, and seen that the human capital, equity and efficiency are the cornerstone of health care service delivery, quality patient care is threatened by employees who are not at work when expected to be (Ndhlovu, 2012). Misuse of sick leave is considered to be an overriding problem in instances where the employee does not uphold the standard of honesty and corporate values of the institution. To overcome this problem, health facilities should offer high quality free medical care to its personnel (also highlighted on 2.4).

Strict monitoring of sick leave patterns should be followed and where necessary

punishment to be implemented. According to Ndhlovu, workplace absenteeism is perceived to be high in workplace environments where unions are perceived to be capable exerting control over the employees. In the public sectors, contractual employee benefits are modified by collective agreement. Managers should work hand in hand with union representatives, where they suspect evidence of misuse of sick leave (Ndhlovu, 2012).

Ndhlovu (2012) noted that effective control of workplace absenteeism requires an absenteeism policy to be in place, and management need to establish the magnitude and patterns of absenteeism, and raise awareness about consequences about breaking rules. Workplace absenteeism can be reduced by tightening up the policies and procedures relating to absenteeism and intensifying monitoring processes on absent employees (Ndhlovu, 2012; Moret *et al.,* 2012).

The nursing manager should calculate the absenteeism rate in the nursing unit (Nyathi, 2005). This rate should be determined for each month to determine whether or not a pattern exists (for example, more personnel being absent during certain months of the year).

The absenteeism rate is calculated as follows:
Number of days lost divide by number of potential work days multiply by 100 over 1. Total number of days lost refers to total number of days lost for the whole unit (Meyer, 2004). The recognised international acceptable norm for absenteeism is 3% (Meyer, 2004; Uruh *et al.,* 2007). The total time lost index is calculated as the number of days lost due to the absence over the period, multiplied by a thousand and divided by the average number of employees, multiply by thousand and divided by the average number of employee multiplied by total work days over the period (Unruh *et al.,* 2007; Davey *et al.,* 2009; Ndhlovu, 2012).

In the study conducted by Nyathi (2005), it was found that health institutions in South Africa do not have suitable methods to measure and monitor absenteeism, and that

nurse managers have to acquire knowledge and skills in order to manage high rates of absenteeism. Identifying the causes of absenteeism would be a good starting point in the search for solutions; as if reasons of absenteeism are not measured it cannot be managed (Ndhlovu, 2012). Some recommended strategies to manage absenteeism are discussed below:

- **Monitoring workplace absenteeism**

The method to monitor absenteeism varies from institution to another (Meyer, 2004). It is the human resource management that establishes common guidelines that are used to monitor workplace absenteeism. In monitoring absenteeism the manager considers each employee case on its own merits. The manager focuses on certain patterns of the case such as; failure to call in on the day of absence, using sick leave before and after holidays, if absence occurred on certain days. This assists management with simple accurate functional data that facilitates informed decision making at functional level (Hlophe, 2005; Moret *et al.,* 2012). Peer pressure monitoring comes from colleagues at the same facility (Khumalo, 2001; Nyathi, 2005). Hierarchical monitoring of employees by management may lead to more work attendance due to fear of being discovered (Moret *et al.,* 2012).

- **Visit to facility**

The role of human resource management at institutional level is to support and guide management as well as monitor compliance issues (Unknown author, 2012). Unscheduled facility visits are conducted with the view to audit workplace absenteeism (Gaudine & Gregory, 2010). The institution must have evidence available of unannounced visits to employees who have been identified as having developed patterns of absenteeism with the view to rule out elective absenteeism (Gaudine & Gregory, 2010; Moret *et al.,* 2012).

- **Incentive system**

Management should use the strategy to raise awareness about responsible utilisation of sick leave through workshops (Khumalo, 2001; Nyathi, 2005). It should show the

benefits of effective sick leave management when employees are challenged with temporary and permanent incapacity leave. The 'use it loose it' approach of the current system reward the abuse of sick leave, as it viewed as not beneficial by the employees to act responsible towards use of sick leave (Hlophe, 2005; Moret *et al.,* 2012).

- **Team support**

Institutions value team efforts over individual achievements (Gaudine & Gregory, 2010; Moret *et al.,* 2012). Managers through a team development effort should encourage a nurturing and transmitting institutional culture (Meyer, 2004). Institutional culture refers to a system of shared meaning within an organisation that determines how employees behave in the workplace (Nyathi, 2005). Individuals become units that form a team and conversations at work are encouraged to strengthen team work, knowledge transfer and productivity (Gaudine & Gregory, 2010).

- **Return to work interviews**

Effective absence management is about good people management (Ndlovu, 2012). The trend to conduct interviews on return to work after absenteeism provides management with the opportunity to get to know the employee better, and for the employee to substantiate his or her own case. The employees should be afforded privacy during sessions which should happen as soon as the employee gets back to work. The key strategy is unthreatening follow-ups that are done. The manager should have private counselling sessions with the employee as soon as the employee gets back to work. The sessions provide the employee the opportunity to tell what their problems are and if they feel they are fit to work. The employer has to make the employees aware about the formal status of the meeting, and that discussions could be recorded as agreed. Accurate records of all counselling sessions are to be kept by the employer (Meyer, 2004).

- **Employee assistance programme**

This consists of a labour relation officer, an employee assistance programme practitioner, a health practitioner, an employee wellness practitioner and any other practitioner who is co-opted according to the needs of the cases (Meyer, 2004). The purpose of the committee is to manage short and long term problems of employees. Each organisation should provide an employee assistance programme funded by the employer, for employees. A health risk manager is used by employees who are expected to honour referrals and stay with the programme until such time that there is evidence of recovery. Failure by the employee to accept the programme could lead to a disciplinary process (Nyathi, 2005).

- **Occupational health and safety committee**

This committee monitors issues of compliance and adopts an employee advocacy role (Gaudine & Gregory, 2010). The committee consists of major stakeholders such as employee representatives and labour representatives.

- **Review committee**

This structure is important in dealing with incapacity leave. It is composed of management, human resource practitioners, employee representatives, labour relations officers, employee wellness persons and any other additional person needed in terms of the case under discussion (Nyathi, 2005; Gaudine & Gregory, 2010; Moret *et al.,* 2012). The role of the committee is to provide a transparent forum, reduce hostility against management and to protect the rights of the employee through involvement of employee representatives.

2.6 CONCLUSION

Literature indicates that there are various factors that contribute to absenteeism. Absenteeism has detrimental effects to the patient and their families, the institution, remaining colleagues at work, the department and the public at large. Nurses use some coping mechanisms that in most cases put the patient, the institution and their career at a disadvantage. Absenteeism of nurses leads to more nurses absenting themselves

from work due to ill health, resulted from over working, fatigue due to the increased strain caused by shortage of staff, stress due to over working and working in environments they are not familiar with and other factors.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

This chapter describes the research methodology and design used in this study. A quantitative research approach was used in this study to determine the effects of absenteeism on nurses remaining at work at Mankweng Hospital in the Capricorn District, Limpopo province. The research methodology discussed in this chapter include: research approach, study site, study design, population, sampling, data collection method, data analysis method, validity and reliability and ethical considerations.

3.2 QUANTITATIVE APPROACH

Quantitative research was used in this study. Creswell (1994) in De Vos *et al.* (2012) defines quantitative research as a method that seeks to enquire into a social or human problem, based on testing a theory composed of variables, measured in numbers and analysed with statistical procedure in order to determine whether the predictive generalization of theory hold the true. This approach was used in this study to determine the effects absenteeism has on nurses remaining at work at Mankweng Hospital in the Capricorn District, Limpopo province. Extensive literature review was conducted and data was analysed in the form of statistics and compared with what literature revealed.

According to Botma *et al.* (2010) quantitative studies have the following characteristics. Theory, quantitative research tests theory. Elton Mayo's Human Relations Theory was used to understand the effects of absenteeism on nurses that remain at work at Mankweng Hospital in the Capricorn District, Limpopo Province. Quantitative research focuses on a small number of concepts. Several factors that can help in understanding effects of absenteeism on nurses remaining at work at Mankweng Hospital in the Capricorn District; Limpopo Province was investigated to give clearer understanding of

the concept under study.

Research role, the researcher in this study partook in data gathering by distributing questionnaires. The researcher gave an overview of the study and respondents were given questionnaires to complete. Data gathering was conducted in a quiet and private room where respondents were feeling safe and free to answer the questions in the instrument.

Type of instrumentation, in this study a research instrument was developed for data collection looking at the quantitative approach being chosen and the form of results that this would yield. A questionnaire was designed as the study was quantitative in nature. The questionnaire included three sections which was the biographic information, factors contributing to absenteeism and the effects of absenteeism.

Unit of analysis, in quantitative research, numbers are the basic element of analysis. Nurses working in the wards at Mankweng hospital were investigated. They are the ones that remain at work provide twenty four hour care to patients whilst their colleagues are absent.

Data analysis, quantitative research focuses on statistical analysis of data. Data was presented in tables, charts and graphs to reflect the effects of absenteeism on nurses at Mankweng Hospital in the Capricorn District, Limpopo Province.

Purpose of research outcomes, Quantitative research strives to generalise research results to a larger context as it reveals the concept from what the person is being asked - not giving respondent the opportunity to reflect in details of the problem being studied.

3.2.1 Principles important to a quantitative researcher

The following principles were adhered to by the research throughout the research study:

3.2.1.1 Rigour

This refers to the truth value of the research outcome (Brink, *et al.,* 2012). According to Brink *et al*. (2012), it can be regarded as striving for excellence in research that requires discipline, adherence to detail and meticulous accuracy. This can also be referred as a check on the validity of the findings and the ability of the independent researcher to yield the same results, by using the same process and methods to reach the same

conclusions (Bowling, 2002 in Brink *et al.*, 2012). A pilot study was conducted and changes to the questionnaire were made on areas that were found to be difficult. A statistician was consulted and the relevant research methodology discussed. An intense literature review was done to formulate a questionnaire.

3.2.1.2 Casuality

This refers to two relationships between two variables in which one is an independent variable and the other one is a dependent variable. According to Botma *et al.* (2010) the following five criteria must be met to infer casuality:

- A temporal relationship - the proposed cause must precede the effect in time. The study was evaluated by panel of experts and was discussed in different committees. Approval to conduct the study was granted at all these forums.
- The objectives of the study were addressed in the questionnaire formulated that was reviewed by different committees and the statistician, and suggested changes made. The questionnaire was drawn in a way that effects of absenteeism on nurses that remain at work could be thoroughly studied.
- Coherence - there should be similar evidence from multiple sources. Extensive literature review was conducted to check different authors' views on the problem being studied and to compare if same results were found.
- Consistency - similar levels of statistical relationship must appear in several studies. Relevant and approved statistical procedures were used to analyse the study; comparison of results with previous studies was done to see if the results they got correspond with the ones this study yielded.

3.2.1.3 Control

This means that scientific knowledge is obtained in a controlled manner. During conceptualization of the study, the researcher decided how the required level of control was to be achieved in the study. The level of control could vary in terms of the research design used. Several methods were used to enhance control to this study that include randomization, controlling the text of the study as well as data gathering process (Botma *et al.,* 2010).

3.2.1.4 Bias

Bias is any influence that produces a distortion or misrepresentation of an outcome of a particular finding of a study. The concept of representativeness is particularly important when the researcher wants to generalize the descriptions of a study to the larger population. It is important to identify possible causes of bias and prevent bias when designing a study. The researcher in this study avoided that bias be introduced in the study, as outlined by Botma *et al.* (2010) below:

The researcher

The researcher can be biased in a certain way and this will result in false results. The following paragraphs explained how bias was avoided by the researcher.

Assumption (conceptual) bias, this error arises from a faulty logic of the researcher, which can lead to incorrect conceptualisation of the research problem, interpretation and conclusions. The research proposal and findings were analysed by the researcher and checked by the supervisor as an expert. The statistician assisted with valid and correct statistical procedures to analyse the data.

Instrument bias, the questionnaire was pre-tested by the panel of lectures and different committees and changes were made accordingly.

The research design

Choosing the correct design is important in research. A quantitative cross sectional research design was chosen for this research as it goes in line with the objectives of the study. The following are important when wanting to avoid bias related to the research design.

Design bias, this arises from studies that have imperfect designs, methods, and group sampling procedures. This could lead to differences between the observed value and true values. A statistician was consulted and assisted with the methodology and in choosing the relevant research design based on the problem under study.

Systematic error, the term 'systemic error' refers to the various errors inherent in the study, which can include selection bias, information bias or the presence of extraneous variables. Respondents in this study were chosen using random sampling thus

eliminating this form of bias.

The measurement tools

The questionnaire was designed after an extensive literature review. Respondents were assured of their confidentiality and anonymity when taking part in the study. Further discussion of the measurement tool is discussed below:

- Response style. Bias could be due to the respondents' manner of responding to questions. This is also the case where participants say e.g. 'yes' to all questions regardless of the content, due to the way the question where asked. Both open and closed questions were asked and in most cases different response options were provided. Respondents were informed about the study objectives and that their answers would not be linked to them. These enabled respondents to be free and honest in answering the questionnaire.

The individual participant

There are things that were within respondents that could cause them to respond in a certain manner.

- Acquiescence response bias. This type of bias is specifically important for researchers in health professionals. It refers to respondents saying 'yes' or endorsing a statement rather than disagreeing. Both open and closed questions were asked and most questions had various options for respondents to choose from.
- Evaluation apprehension bias. This refers to anxiety generated in people just because they are being tested. The respondents could maybe give responses they thought the researcher wanted to have rather than the truth. Respondents were addressed prior the study and advised to give answers as honest as they can and that responses would not be linked to them as no name was required on the questionnaire.
- Mood bias. Respondents with depression, for example, may underestimate their health, level of functioning or social activity. Brief session was held with respondents to enable them to be free and to answer questions as honest as

they can.

- Non-response bias. This type of bias is due to the differences of the characteristics of those respondents' who partook in this study compared to those who did not. Respondents were chosen using random sampling to take part in the study.
- Hawthorne effect. This refers to the effect of respondents' knowledge that they are being studied. Respondents may behave in a certain way to create a good impression. Respondents were advised to respond honestly as their response will remain anonymous.
- Recall bias. This relate to respondents' selective memories in the recalling past events, experiences and behaviour. Respondents were advised to answer in an honest manner.
- Reporting bias. This refers to respondents' failure to reveal the requested information. The completed questionnaires and the results of the study were scrutinized by the supervisor as an expert in the field.
- Social desirability bias. This bias occurs when people present themselves in the best way possible. Their responses are aimed at presenting them at their best. Respondents were told about the right to anonymity and that they could feel free to respond in the way they felt - not in the way things should be done. This was during briefing session about the study.

Sampling

- Sampling bias. Sampling bias is possible if the researcher does not ensure that all persons in the identified population have a calculable chance of being in the study. In other words the researcher could show preference in selecting one respondent over another. This could occur if the researcher used an incomplete sampling frame to choose a representative population. Random sampling was used in this study that gave all respondents an equal chance to take part in the study.

3.3 STUDY SITE

This study was conducted at Mankweng Hospital, a tertiary hospital in the Capricorn District, Limpopo province in South Africa. The hospital is situated in Mankweng Township about 33km from the city of Polokwane, along the university road. The hospital serves as a referral hospital for district hospitals, Level 1 hospitals, health centres and local clinics. There are 36 hospitals in total which refers patients to Mankweng hospital on a daily basis. It is a tertiary hospital, however it still provides primary and secondary services due to its location and the fact that there is no other provincial hospital in the region. The local areas it serves include Ga-Mothapo, Ga-Molepo, Ga-Dikgale, Ga-Mamabolo, Ga-Mothiba and semi-rural Mankweng Township.

The hospital has 482 usable beds plus 27 beds for step down unit. It has 12 wards and one step down unit, with 1 chief executive officer, 1 nurse manager, 4 area managers, 21 operational managers, 275 professional nurses, 140 enrolled nurses and 125 enrolled nursing assistants. Nurse patient ratio is 1:4 in normal wards and lesser in specialiased units. Nurses in the wards work on shift bases. There are two shifts per day; each shift covers twelve hours.

There is an increased workload for the hospital as it serves so many areas since it was credited as tertiary hospital. There are approximately 116 300 outpatient visits per annum, 18 400 admissions per year. Bed occupancy rate for the hospital has increased from 62% to 70% from 2010-2015. The average length of stay of a patient is 6 days.

3.4 STUDY DESIGN

The study design chosen for this study was a cross sectional descriptive design. A cross-sectional descriptive design is a study that looks at the relationship between variables and some explanatory variables at a particular point in time (Brian, 2006; Brink I 2012; Rao, Miller & Rao, 2011). Cross-sectional study provides the status of an event at that particular time, and is used in health sciences as they provide relatively rapid new data (Jacobsen, 2012). Data was collected by one instrument for the respondents. Nurses who met criteria for inclusion where given equal chances to take part in the

study; that is all registered professional nurses, staff nurses and auxiliary nurses. The objectivity was maintained in this study by conducting an extensive literature review which guided the formulation of a structured questionnaire followed by inferential statistics.

3.5 POPULATION

Population refers to the entire group of persons or objects that are of interest to the researcher i.e. those who meet a certain criteria that the researcher is interested on (Brink *et al.,* 2012). In this study the researcher was interested in researching with nurses working at Mankweng hospital wards who were having one year or more experience and those who were permanently employed. Mankweng Hospital has a total of about two hundred and seventy five (275) registered professional nurses, hundred and forty (140) registered staff nurses and hundred and twenty five (125) registered auxiliary nurses.

3.6 SAMPLING

Sample refers to subset of the population considered for actual inclusion in the study (De Vos *et al.,* 2012). The hospital has three hundred and sixty one (n=361) nurses working in different wards, of which; 173 were Registered Professional Nurses (RPN), 91 were Registered Staff Nurses (RSN) and 97 were Registered Auxiliary Nurses (RAN).

3.6.1 Sample size

From the sample population of 361 nurses, 186 were selected based on the sample calculation table of Krejcie and Morgan (1970). The sample size according to the table was calculated as 186 nurses, of which 62 were RPNs, 62 were RSNs and 62 were RANs.

3.6.2 Sampling technique

Respondents were chosen randomly using simple probability sampling, which means that samples are drawn in a random way from a sampling frame (Brink *et al.,* 2012).

Nurses who took part in the study were chosen from three lists of nurses generated from human resource department, and every second nurse according to category was sampled to take part in the study. This provided every respondent with an equal chance of taking part in the study.

Inclusion criteria

Nurses with the following characteristics were included in the study:

- Nurses working in the wards.
- Permanently employed nurses.
- Nurses with one year experience or more as they had more experience with working in wards on shift basis.

Exclusion criteria

The following nurses were excluded in the study:

- Nurses working outside Mankweng Hospital.
- Nurses working at clinics, theatres, X-ray department, etc.
- Nurses working on contract bases.
- Nurses who were having less than one year working experience as they were not having more experience in the wards on shift basis.

3.7 DATA COLLECTION METHOD

Data was collected through structured self-administered questionnaires that were handed to nurses working in the wards for nine weeks, 26 February 2015-04 March 2015 and between 16 March 2015 and 16 May 2015. Both day shift nurses and night shifts nurses were included. The questionnaire consisted of three parts namely demographic data, factors that contribute to absenteeism and effects of absenteeism. Structured questionnaires could consist of pre-determined questions that are verbally or non-verbally administered (Supino & Borer, 2012; Jacobsen, 2012). Published tested instruments on the topic were not available for this study and the instrument was developed from the literature review. Questionnaires were compiled in English and the researcher was around when respondents filled in the questionnaire and could clarified

with them when they had questions round it. It took around 15-20 minutes to complete the instrument in a private room.

3.8 DATA ANALYSIS

Data was analysed using the IBM Computer programme Statistical Package for the Social Sciences (SPSS Version 23) with the assistance of the University of Limpopo statistician. Descriptive and inferential statistics were used to describe and correlate the variables. Descriptive variables are often used to describe the average response to a variable in a population (Jacobsen, 2012; Brian, 2006). Inferential statistics are statistics that are drawn after conclusion about a certain aspect was made from a sample of a particular population (Brian, 2006; Sullivan, 2012). Chi-square test (χ^2) was used to calculate the associations between demographic factors and factors contributing to absenteeism, together with effects of absenteeism on nurses remaining at work. Data was presented using tables, graphs and charts to illustrate responses. The chi square test (χ^2) is a test of independence of two categorical variables forming a contingency table, to assess the fit of the theoretical probability (Brian, 2006).

3.9 VALIDITY AND RELIABILITY

Validity refers to the degree to which the measurement represents a true value (Botma *et al.,* 2010; Brian, 2006; Supino & Borer, 2012). It can also be described as the extent to which a measuring instrument is measuring what it is intended to measure, or a degree to which the inference drawn from a study is warranted (Brian, 2006; Supino & Borer, 2012).

There are several types of validity that were applied to this study. The types of validity as outlined in Supino and Borer (2012) were followed:

- **Face validity/ representation**

  This is concerned with how the instrument appears to be relevant to the construct, as judged by the potential respondent (Supino & Borer, 2012). The questionnaire was evaluated by a panel of lecturers, several committees and the statistician and corrections made where needed.

- **Content validity**

Content validity reflects how well the items comprising a measure cover (sample) the subject of interest or domain (Supino & Borer, 2012; Brian, 2006). Extensive literature review was conducted with regard to the study and the questionnaire formulation was guided by that. Experts from the Nursing Department, senior degrees committee of the university and MREC viewed the instrument and changes were made round recommendations made.

- **Construct validity**

This is the degree to which a measure related to other measures or attributes, as dictated by a theory (Brian, 2006; Supino & Borer, 2012). Elton Mayo's theory was used in this study, it is not directly linked to absenteeism but it was operationalised as it deals with motivational issues. In this study validity was ensured by doing intense literature review about the research topic in Chapter 2. The questionnaire was analysed by panel of lectures in the Nursing Department, Senior Degrees Committee and MREC and changes were made as guided.

- **Criterion validity**

This refers to how well the results obtained correlate with or predict some real world behaviour or other attributes (Supino & Borer, 2012). Comparison of the results obtained was done with previous studies on absenteeism.

Reliability is defined as the manner in which a particular technique, applied repeatedly on the same objects will yield the same results each time (Barbie & Mouton, 2011; Supino & Borer, 2012; Brian, 2006).The Cronbach‟s alpha indicator that was used to test for reliability indicates the overall reliability of a questionnaire. According to Field (2009:675), the values around 0.7 and 0.8 are good for reliability tests. Reliability tests performed yielded the results that are presented in Table 1.

Components	Cronbach Alpha
Factors that contribute to absenteeism.	0.307
Effects of absenteeism	0.543
Overall	0.526

Table 1 : Reliability of components of the instrument

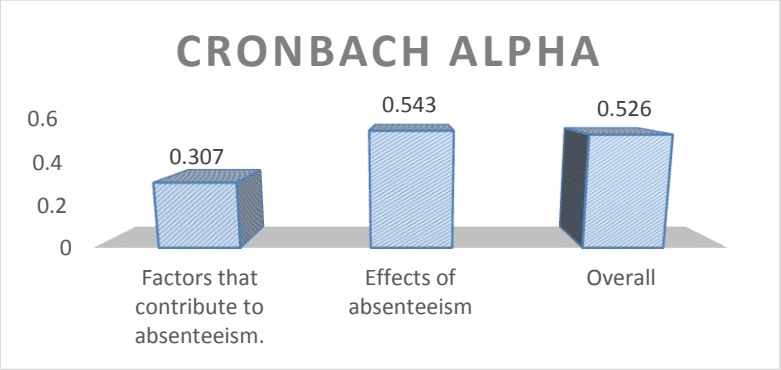


Figure 2: Reliability of components of the instrument

Item-Total Statistics				
Factors contributing to absenteeism	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Motivation	21.75	19.406	.026	.320
Role and responsibilities	20.60	17.003	.127	.275
Disengagements	21.55	19.031	.032	.321
Depression	20.25	16.211	.299	.184
Burnout, Stress and Low morale	22.29	20.818	-.083	.347
Relationship with superiors	20.66	15.788	.275	.187
Favouritism	21.75	21.982	-.228	.442
Incentives	20.01	15.648	.305	.171
Policy implementation ad job satisfaction.	21.02	15.638	.272	.186

Table 2 : Cronbach's Alpha if items deleted

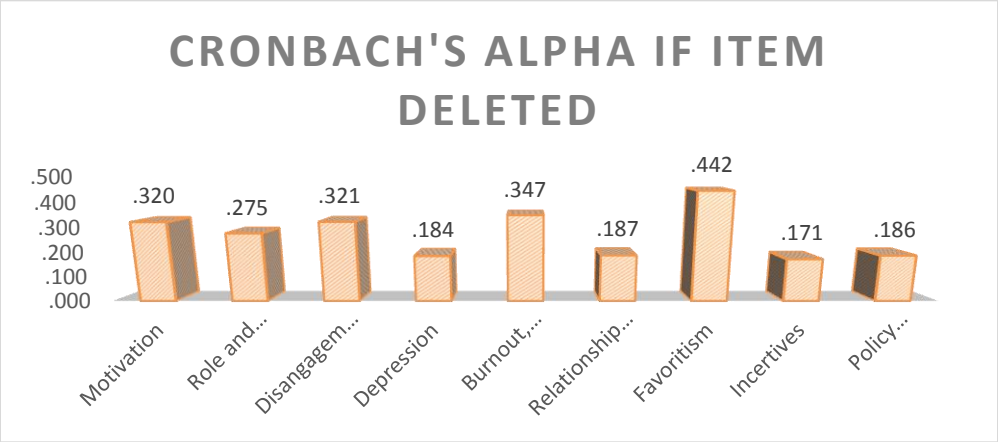


Figure 3 : Cronbach's Alpha if items deleted

3.10 ETHICAL CONSIDERATIONS

The following ethical standards were adhered to throughout the study:

Ethical clearance

Ethical clearance to conduct study was given by MEDUNSA Research Ethics Committee (MREC). Permission to utilize the institution was given by the Limpopo Province Department of Health Research Committee. Permission to distribute questionnaires amongst nurses at Mankweng Hospital was given by the Chief Executive Officer and nursing manager of the hospital.

Informed written consent

This refers to the voluntary consent given by respondent in writing, to participate in a study after being informed of the purpose, method of collecting data, benefits and risks associated with taking part in the study (Brian, 2006). Respondents were informed about what the aim and objectives of the study were their rights to withdraw at any time without fear of being victimised, and benefits of the study. All respondents were informed that if emotional or psychological stress were experienced as a result of completing the questionnaire, they would be referred to a counsellor that was available during the study.

Respondents received all information before they signed the consent forms. Consent

forms were only signed by the respondents who agreed to take part in this study and completed the questionnaires.

Anonymity and confidentiality

Anonymity of respondents was ensured by not including the respondents' name on the questionnaire. This was done to make sure that responses couldn't be linked with the identity of the respondents. Confidentiality of respondents was ensured by not divulging information about the study to people who were not directly linked to the study or who had no right to know about the study. Respondents completed the questionnaires in a private room during their lunch time. Signed consent forms were kept under lock and key in a safe place and will be destroyed five years after completion of study.

Veracity

Veracity is the principle of 'telling the truth' (Moule & Goodman, 2009). Respondents were informed about what the study entailed and that no reward was to be given for participating in this study.

3.11 CONCLUSION

Quantitative research was the approached followed in conducting the study on hundred and seven respondents who agreed to form part of the study. Only nurses who were working in the wards during the study period were included in the study. Nurses working during the day and night were included in this study.

CHAPTER 4

PRESENTATION AND INTERPRETATION OF THE RESULTS

4.1 INTRODUCTION

The focus of this chapter is to present and interpret the findings of the study. Data was analysed with the assistance of a statistician using the SPSS Version 23.0 computer programme. The findings in this chapter seek to answer the objectives of this study which were:

- Identify factors contributing to absenteeism of nurses at Mankweng Hospital.
- To describe effects of absenteeism on nurses working at Mankweng Hospital.
- To recommend strategies that could be utilised to reduce absenteeism of nurses at Mankweng hospital in the Capricorn district, Limpopo province.

Of the hundred and eighty six sampled nurses only hundred and seven agreed to take part in the study, forty five respondents returned the forms unfilled and thirty four respondents did not agree to take part in the study. Data was collected for nine weeks, 26 February 2015-04 March 2015 and between 16 March 2015 and 16 May 2015. The number of total responses on the items varied.

In the previous chapter, the methods and materials used for the study are outlined. In this chapter, the results of the study are presented and interpreted. The chapter is subdivided into three subsections namely: (1) demographic profile of the participants (2) factors contributing to nurse absenteeism and (3) effects of nurse absenteeism.

4.2 PRESENTATION OF RESULTS

4.2.1 Demographic information of the respondents

The demographic information and their relationship for the problem studied are outlined in this section as follows:

Age distribution

Age	(n)	%
20-29 years	7	6.5
30-39 years	52	48.7
40-49 years	32	29.9
50-59 years	15	14.0
60 years and more	1	0.9
Total	107	100

Table 3 : Age distribution

Respondents between the ages of 30-39 years were 52 (48.7%) followed by those in the age group 40-49 years 32(29.9%), those between 50-59 years of age were 15 (14.0%), and those between 20-29 years were 7 (6.5%), those 60 years and above were only 1 (0.9%) as indicated in Figure 4. These reveal that in the nursing care units where this study was conducted most respondents were of ages 30-39 years. Meaning that most of the respondents were in their thirties and this is active working group.

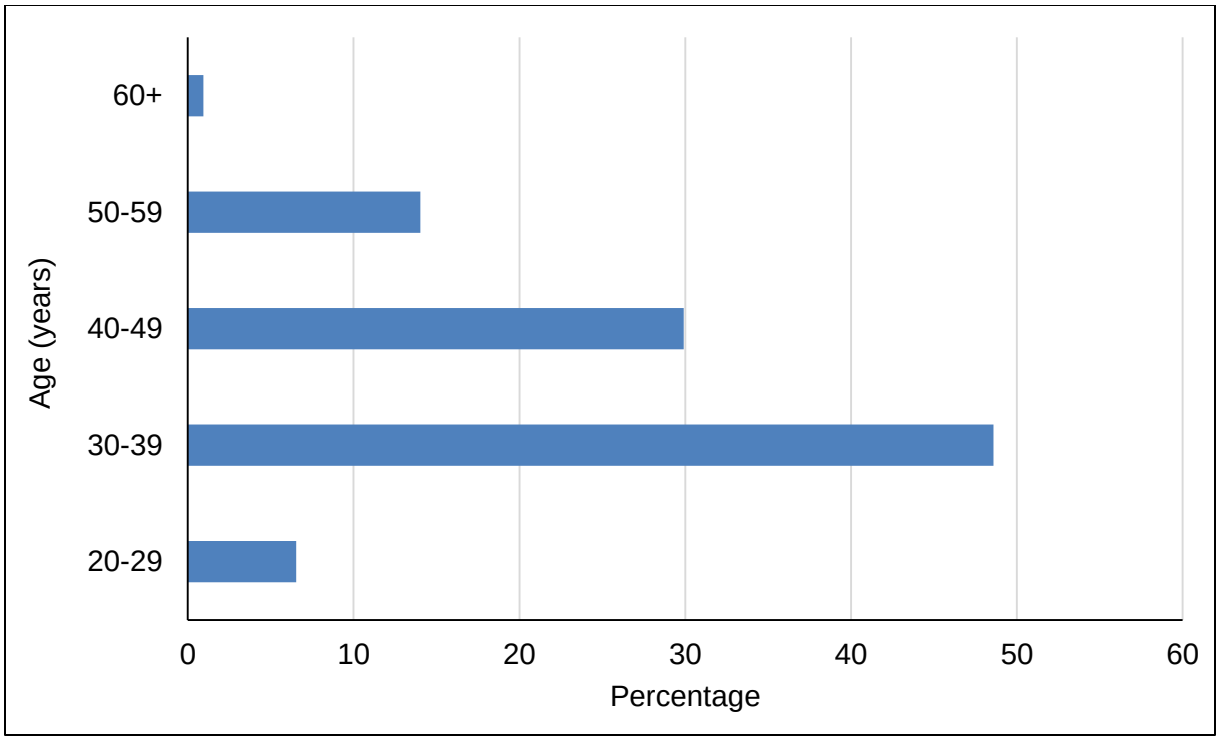


Figure 4: Age distribution

Gender distribution

Gender	(n)	(%)
Male	13	12.1
Female	94	87.9
Total	107	100

Table 4: Gender distribution

Figure 5 presents gender of the respondents. The study indicated that most 94 (87.9%) of the respondents were females and only 13 (12.1%) were males. This reveals that in the nursing care units where data were collected there were more females than males.

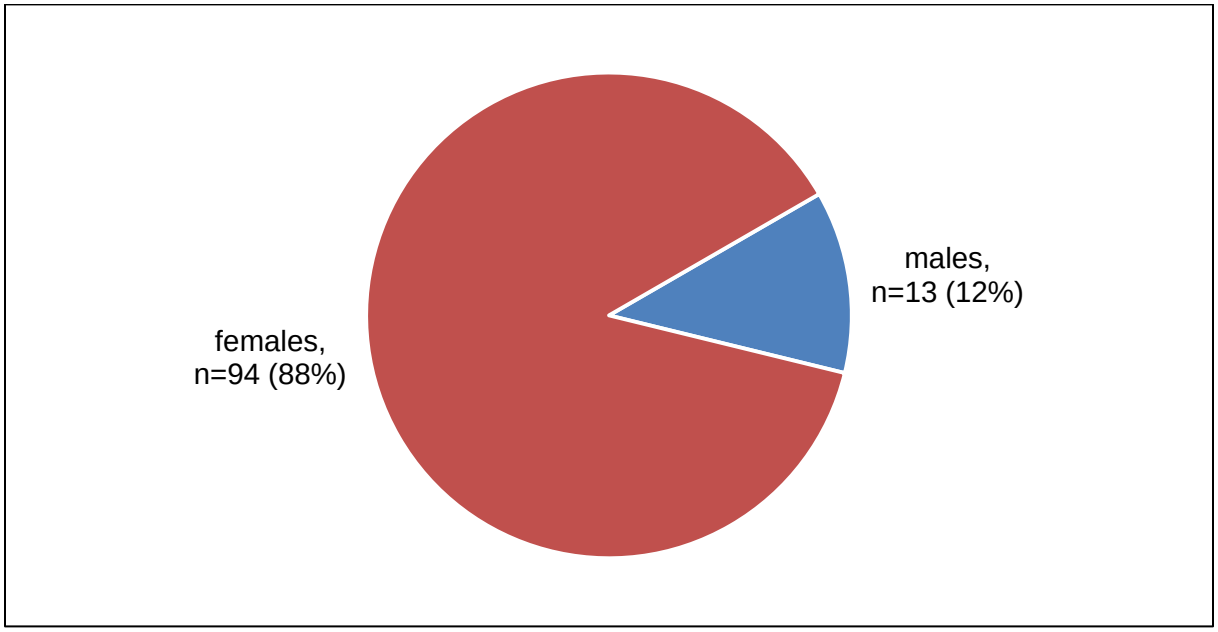


Figure 5 : Gender distribution

Distribution of marital status

Marital status	(n)	%
Single	55	51.4
Married	46	43.0
Divorced	1	0.9
Widowed	5	4.7
Total	107	100.0

Table 5 : Distribution of marital status

Fifty one per cent 55 (51.4%) of nurses who participated in this study were unmarried whilst 46 (43.0%) were married, five respondents (4.7%) were widowed and one respondent was divorced (0.9%), (Figure 6). This means that most respondents who took part in this study were mostly single.

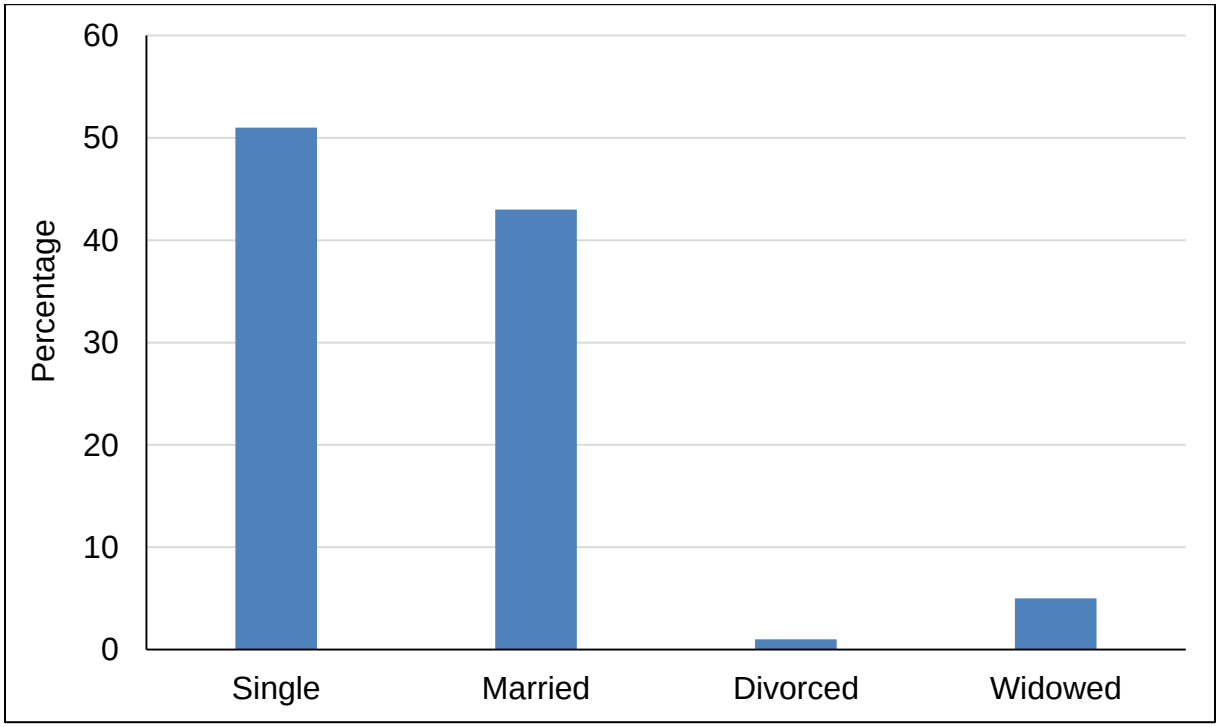


Figure 6 : Distribution of marital status

Category of nurses

Rank	Number of respondents (n)	Percentage (%)
RPN	43	40.2
RSN	24	22.4
RAN	40	37.4
Total	107	100

Table 6 : Category of nurses

The categories of nurses are presented in Figure 7. Forty three (40.2%) of the respondents were registered professional nurses, forty (37.4%) were registered auxilliary nurses and only 24 (22.4%) were registered staff nurses. More registered professional nurses took part in this study which indicates that they were either more affected by the problem studied or they understood the importance of participating. In total forty five nurses returned questionnaires not filled and thirty four nurses refused to take part in this study.

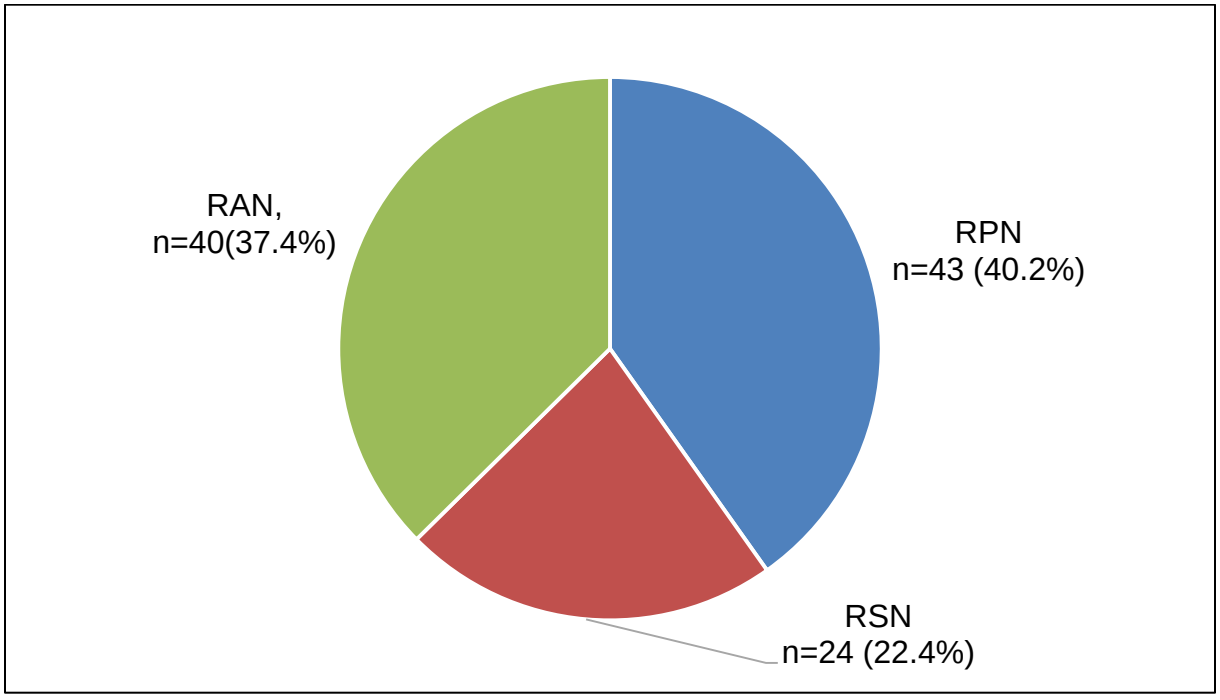


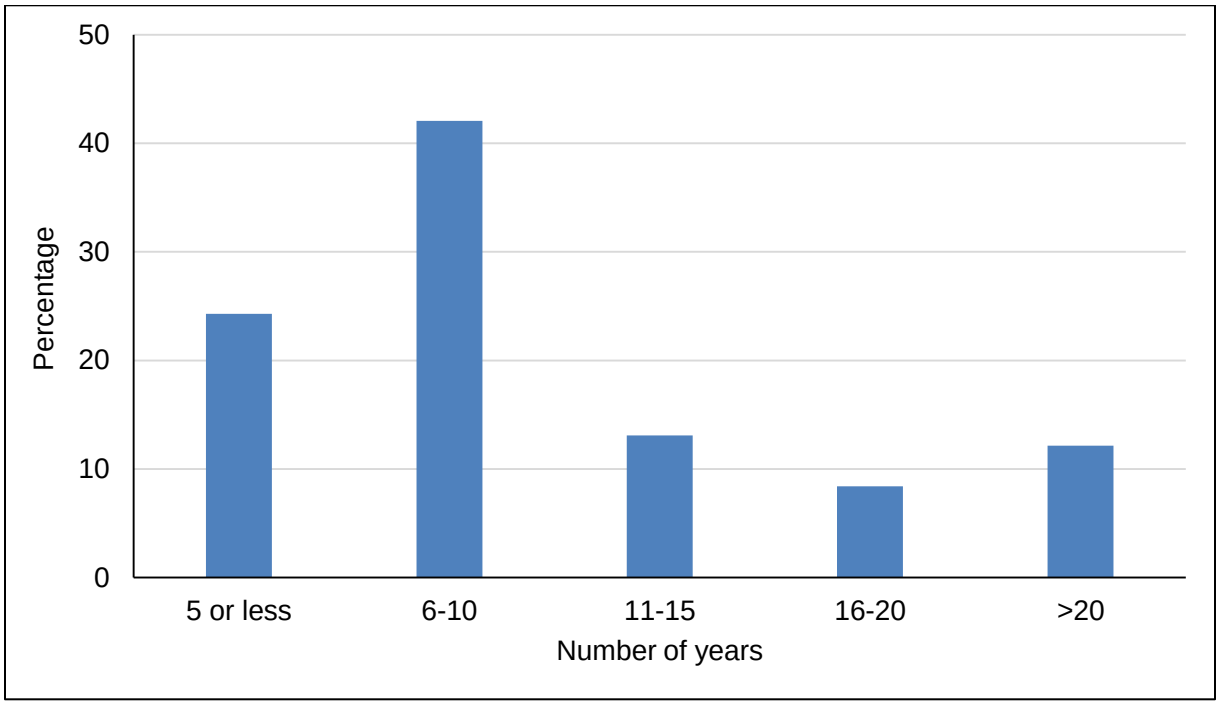
Figure 7 : Category of nurses

Years of working experience

Experience in years	(n)	(%)
1-5 years	26	24.3
6-10 years	45	42.1
11-15 years	14	13.1
16-19 years	9	8.4
20 years and more	13	12.1
Total	107	100

Table 7 : Years of working experience

The number of nurses with 20 years and more experience were 13 (12.1%), between 16 and 19 years were 9(8.4%), those between 11 and 15 years were 14 (13.1%), between 6 and 10 years were 45 (42.1%) and those with between 1 and 5 years of work experience were 26 (24.3%). Those who are between 6 to 10 years working experience were the majority of respondents who took part in this study (Figure 8).



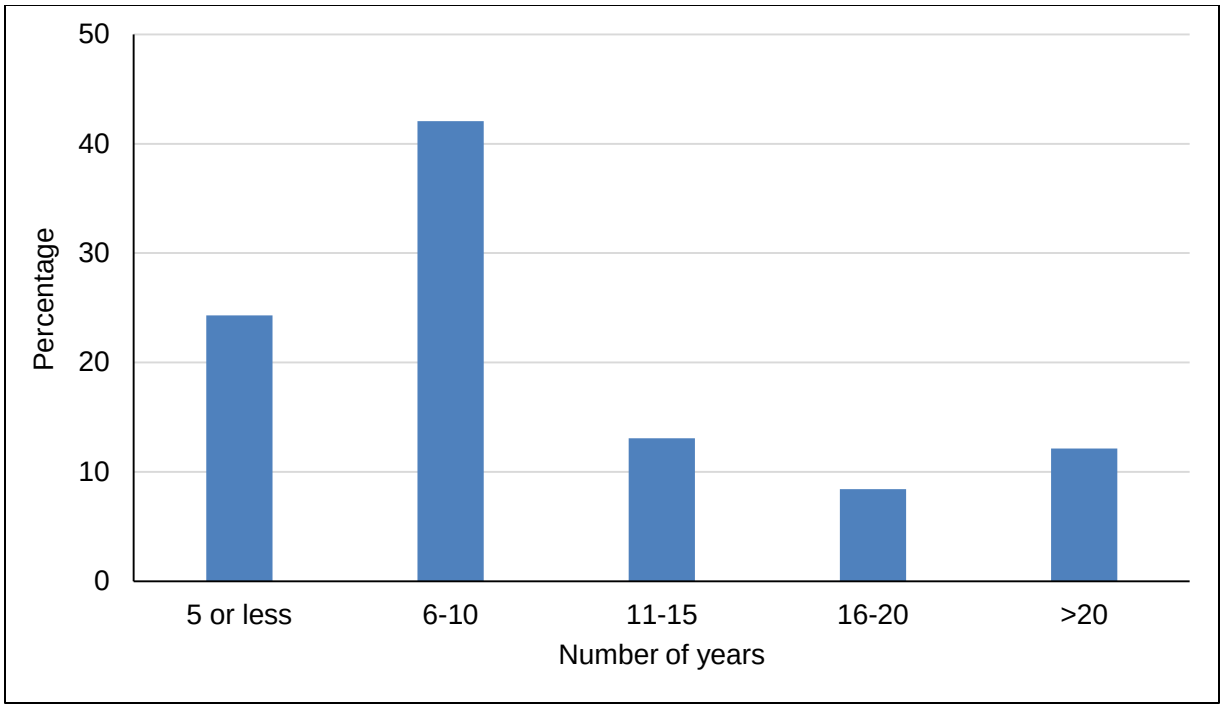


Figure 8 : Years of working experience

Ward stationed

Unit	n	%
Medical	25	23.4
Child and family	5	4.7
Surgical	16	15.0
Ophthalmology	8	7.5
Gynaecology	5	4.7
Obstetrics	13	12.1
Paediatric	10	9.3
Intensive care	5	4.7
0rthopaedic	13	12.1
Burns	7	6.5
Total	107	100.0

Table 8 : Ward stationed

Most of the respondents who took part in this study were working in a medical ward (n=25, 23.4%), followed by a surgical ward (n=16, 15.0%), orthopaedic unit (n= 13, 12.1%), obstetrics unit (n=13, 12.1%), paediatric unit (n=10, 9.3%), ophthalmology unit (n= 8, 7.5%), burns unit (n=7, 6.5%) and equal numbers were from a child and family unit (n=5, 4.7%), gynaecology unit (n= 5, 4.7%) and intensive care unit (n=5, 4.7%) , figure 9. The majority of respondents who took part in this study were from medical ward and this means they saw the need to take part in this study as they are either affected by absenteeism or knows the importance of conducting research.

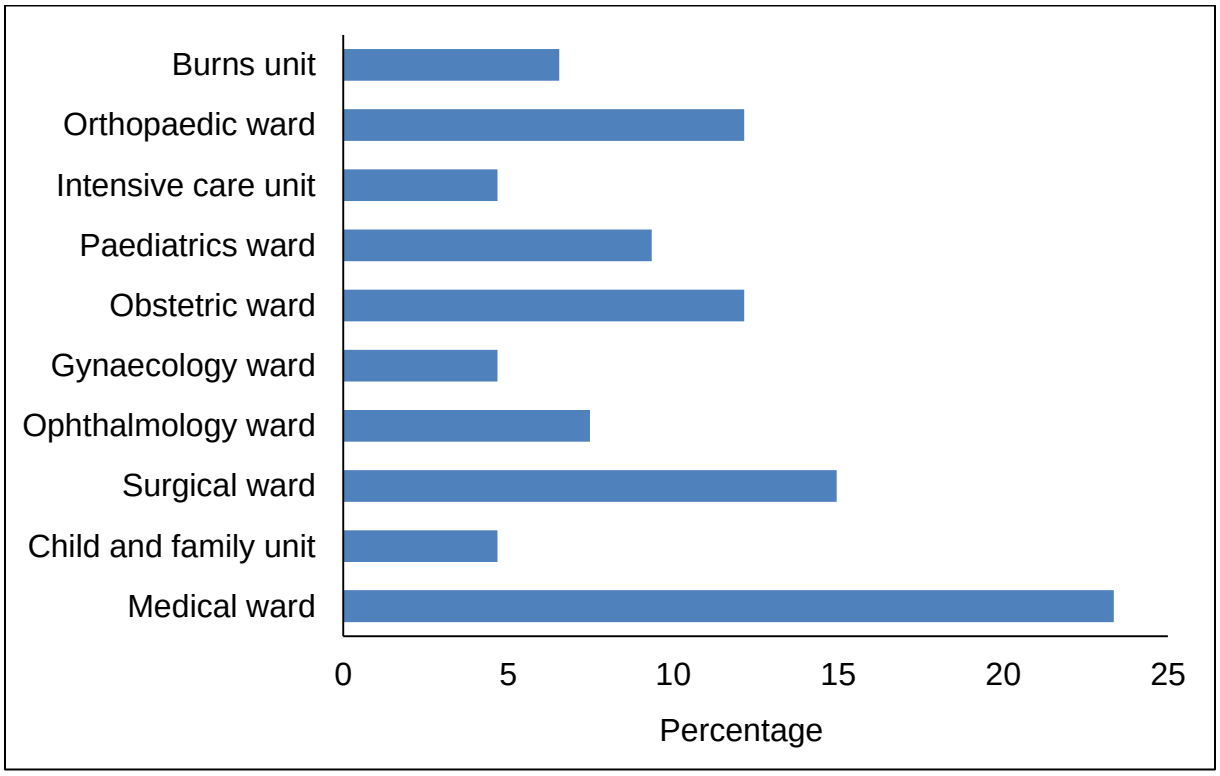


Figure 9 : Ward stationed

Place of residence of respondents

Place	Frequency	Percent
Informal settlement	2	1.9
Rural area	66	61.7
Peri-urban area	18	16.8
Urban area	21	19.6
Total	107	100.0

Table 9 : Place of residence of respondents

Respondents who took part in this study were from rural areas 66 (61.7%), twenty one (19.6%) were from urban areas, 18 (16.8%) were from peri-urban areas whereas 2 (1.8%) were from informal settlement (Figure 10). This means that majority of respondents were from rural areas which indicates that most nurses that are working in the context of this study are from those areas as they hospital caters for the rural villages surrounding it.

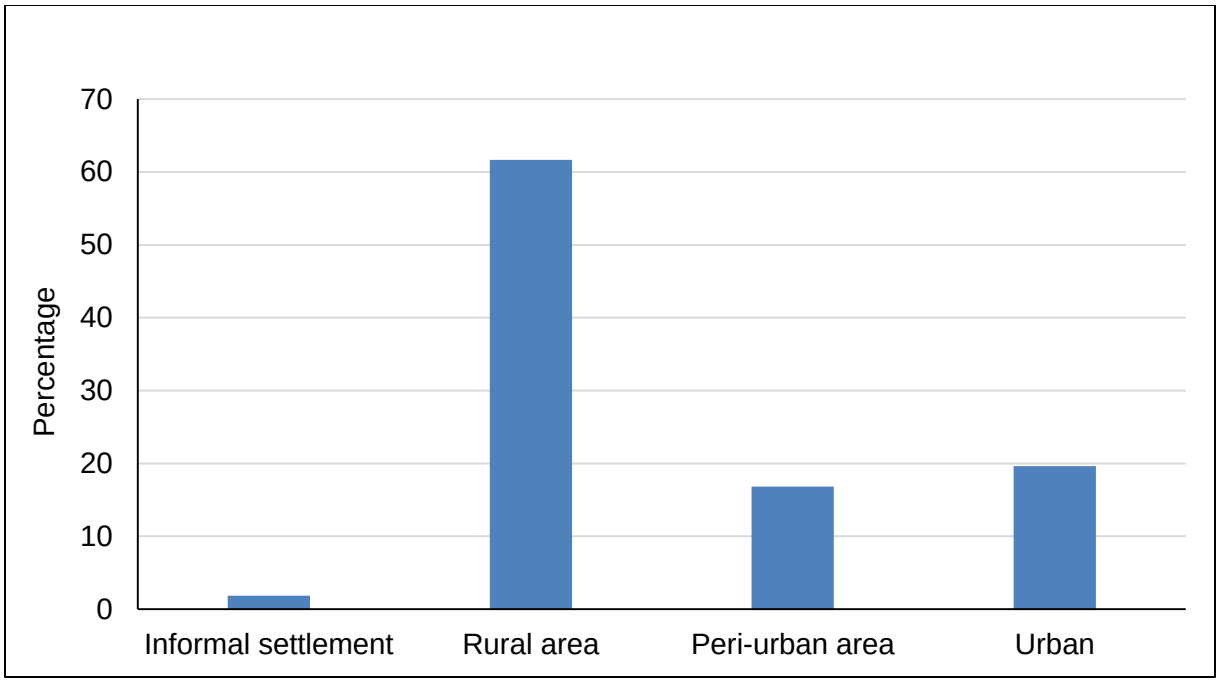


Figure 10 : Place of residence of the respondents

4.2.2 Factors contributing to absenteeism of nurses

Results for factors contributing to absenteeism are discussed below using five likert scales, figure 11.

Factors	Strongly agree	Agree	Not sure	Strongly disagree	Disagree
Lack of motivation contributes to absenteeism.	n=45 (42.1%)	n=36 (33.7%)	n=10 (9.3%)	n=4 (3.7%)	n=12 (11.2%)
Nurses are often unwilling to accept roles allocated to them.	n=18 (16.8%)	n=29 (27.1%)	n=12 (11.2%)	n=33 (30.9%)	n=15 (14.0%)
Nurses are committed to this institution.	n=38 (35.5%)	n=36 (33.7%)	n=15 (14.0%)	n=8 (7.5%)	n=10 (9.3%)
Managers in this institution have concern for stress prevention strategies.	n=9 (8.3%)	n=17 (15.9%)	n=25 (23.4%)	n=27 (25.2%)	n=29 (27.1%)
Increased workload can cause depression for nurses.	n=74 (69.2%)	n=20 (18.8%)	n=6 (5.6%)	n=5 (4.6%)	n=2 (1.8%)
There is good interpersonal relationship between nurses.	n=14 (13.0%)	n=35 (32.8%)	n=17 (15.9%)	n=23 (21.5%)	n=18 (16.8%)
Managers display favouritism between nurses.	n=54 (50.5%)	n=26 (24.3%)	n=10 (9.3%)	n=12 (11.3%)	n=5 (4.6%)
I am satisfied with the incentives I get.	n=10.3	n=15	n=8	n=42	n=31

	(10.3%)	(14.0%)	(7.5%)	(39.2%)	(29.0%)
I know about the absenteeism policy in my institution.	n=25 (23.4%)	n=36 (33.7%)	n=12 (11.3%)	n=21 (19.5%)	n=13 (12.1%)

Table 10 : Factors contributing to absenteeism

Lack of motivation contributes to absenteeism

The key factors contributing to nurse absenteeism is shown in Figure 11. Forty five (42.1%) of the respondents strongly agreed whereas thirty six (33.7%) agreed that lack of motivation contributes to absenteeism. Ten (9.3%) were not sure, four (3.7% strongly disagreed that lack of motivation contributes to absenteeism and 12 (11.2%) disagreed on that factor**.**

Nurses are often unwilling to accept roles allocated to them

Most respondents 33 (31.9%) strongly disagreed on this factor, 29 (27.1%) of respondents agreed on this factor, 18 (16.8%) strongly agreed that nurses are often unwilling to accept roles allocated to them, 15 (14.0%) disagreed on this factor whereas 12 (11.2%) were not sure if nurses are often unwilling to accept roles allocated to them.

Nurses are committed to this institution.

Thirty eight of the respondents (35.5%) and 36 (33.7%) strongly agreed and agreed that nurses are committed to the institution they are working at, 15 (14.0%) were not sure on this factor, 10 (9.3%) and 8 (7.5%) strongly disagreed and disagreed that nurses are committed to Mankweng hospital.

Managers in this institution have concern for stress prevention strategies.

Twenty nine (27.1%) and 27 (25.2%) of the respondents strongly disagreed and disagreed that managers have concern for stress prevention strategies. Twenty five (23.4%) were not sure about this factor, 17 (15.9%) and 9 (8.4%) agreed and strongly disagreed of respondents that managers have concern for stress prevention strategies.

Increased workload can cause depression for nurses.

Most of the respondents 74 (69.2%) and 20 (18.8%) of the nurses strongly agreed and agreed that increased workload can cause depression, six (5.6%) of respondents were not sure of this factor, five (4.6%) and 2 (1.8%) strongly disagreed and disagreed that increased workload can cause depression.

There is good interpersonal relationship between nurses.

Thirty five (32.8%) and 23(21.5%) of respondents agreed and strongly disagreed that they have good interpersonal relationship with other nurses, 18 (16.8%) and 17 (15.9%) of respondents disagreed and were not sure of this factor and 14 (13.0%) of respondents strongly agreed that they have good interpersonal relationship with other nurses.

Managers display favouritism between nurses.

Most respondents 54 (50.5%) and 36 (33.7%) strongly agreed and agreed that managers display favouritism between nurses, twelve (11.3%) and 10 (9.3%) strongly disagreed and were not sure on this factor whereas 5 (4.6%) disagreed that managers display favouritism between nurses.

I am satisfied with the incentives I get.

Majority of respondents 42 (39.2%) and 31(29.0%) strongly disagreed and disagreed on this factor, 15 14.0%) and 11 (10.3%) agreed and strongly agreed that they are satisfied with the incentives they get and 8 (7.5%) were not sure on this factor.

I know about the absenteeism policy in my institution

Most respondents 36 (33.7%) and 25 (23.4%) agreed and strongly agreed on this factor, twenty one (19.5%) and 13 (12.1%) strongly disagreed and disagreed that know about the absenteeism policy in my institution and 12 (11.3%) were not sure of this factor.

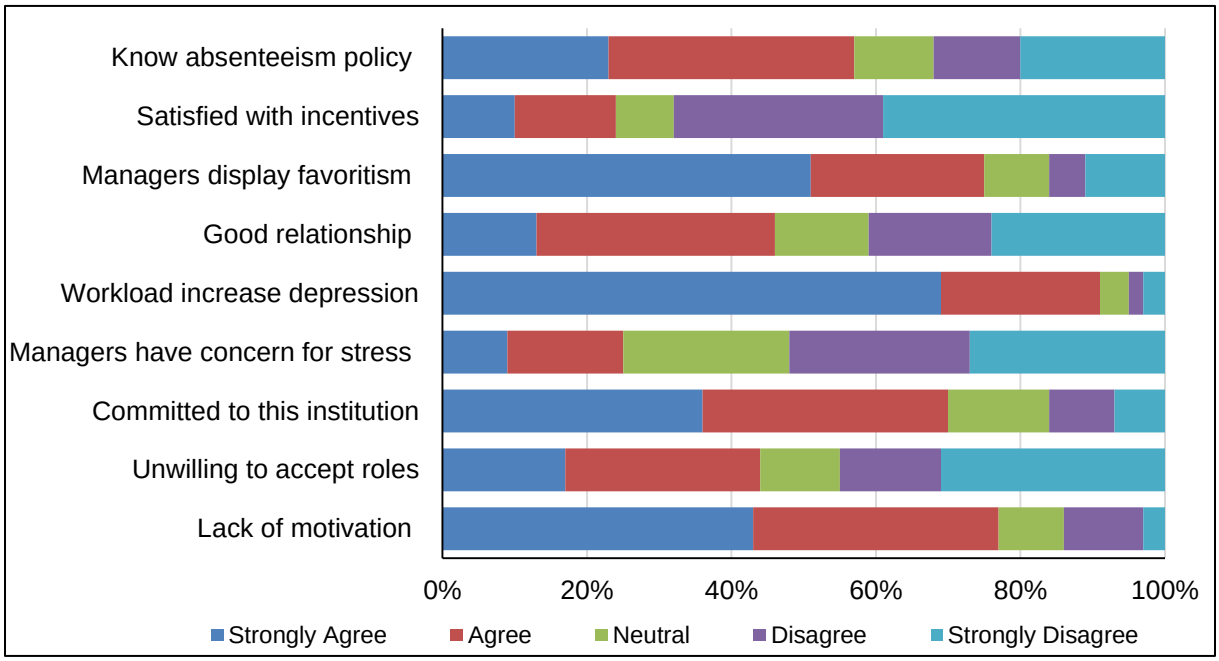


Figure 11 : Factors contributing to absenteeism

	Nurse category (mean ±s d)			p-value
	RPN	RSN	RAN	
Lack of motivation	1.8±1.0	2.2±1.2	2.1±1.1	0.4118
Unwilling to accept roles	3.1±1.6	2.9±1.4	3.3±1.6	0.7254
Committed to this institution	2.1±1.9	1.9±1.1	2.4±1.3	0.2956
Managers have concern for stress	3.6±1.3	3.4±1.1	3.4±1.3	0.8350
Workload increase depression	1.1±0.3	1.6±0.9	1.8±1.1	0.0019
Good relationship	3.2±1.4	2.8±1.5	3.1±1.4	0.5612
Managers display favouritism	1.8±1.2	2.3±1.4	2.1±1.5	0.2567
Satisfied with incentives	3.7±1.3	3.7±1.4	3.8±1.5	0.9543
Know absenteeism policy	2.6±1.4	2.8±1.6	2.8±1.5	0.7484

Table 11 : Factors contributing to absenteeism by nurse category

The association between factors contributing to nurse absenteeism and category of nurses is presented in Table 11. The mean score for professional nurse with regard to workload increase depression was significantly lower than the other group ($p<0.05$).

Factors contributing to nurse absenteeism by discipline

	Gen Surgery	ICU	Medical	O&G	Ophthalmology	Paeds/child & family	p-values
Lack of motivation	2.1±1.3	1.2±.55	1.9±1.1	1.7±0.75	2.3±1.5	2.3±1.3	0.3509
Unwilling to accept roles	3.6±1.5	2.2±1.6	2.8±1.3	3.4±1.7	3.0±1.5	2.6±1.4	0.1055
Committed to this institution	2.1±1.3	2.0±1.7	2.3±1.2	2.2±1.2	1.9±0.64	2.6±1.2	0.7531
Managers have concern for stress	3.7±1.2	3.6±1.7	3.2±1.2	3.3±1.2	2.9±1.6	3.8±1.3	0.3373
Workload increase depression	1.4±.87	1.2±0.44	1.7±1.1	1.2±0.42	1.5±0.75	1.6±1.1	0.4835
Good relationship	3.5±1.5	2.8±1.3	2.8±1.4	2.3±1.3	3.0±1.7	3.3±1.2	0.0848
Managers display favouritism	1.8±1.2	1.6±0.89	2.5±1.5	2.0±1.4	2.4±1.8	1.8±1.1	0.2754
Satisfied with incentives	3.9±1.3	3.4±1.5	4.0±1.3	3.4±1.5	2.5±1.3	4.0±1.3	0.0831
Know absenteeism policy	2.9±1.5	2.0±1.0	3.0±1.5	2.1±1.2	3.4±1.6	2.5±1.5	0.1702

Table 12 : Factors contributing to absenteeism by discipline

The association between disciplines and factors contributing to nurse absenteeism is illustrated in Table 4.12. Discipline was not significantly associated with all factors contributing to nurse absenteeism ($p>0.05$). However, the mean score for ICU nurses compared to other disciplines was less with regard to lack of motivation that contributes to absenteeism, unwilling to accept roles, workload increase depression; managers display favouritism and know absenteeism policy.

4.2.3 Effects of absenteeism on nurses who remains at work .

The results for effects of absenteeism are discussed below.

	Strongly agree	Agree	Not sure	Strongly disagree	Disagree
There is an increased low staff morale in my unit	n=54 (50.5%)	n=40 (37.0%)	n=1 (0.9%)	n=7 (6.5%)	n=5 (4.6%)
There is increased workload in my unit when my colleagues are absent	n=80 (74.4%)	n=23 (21.4%)	n=1 (0.9%)	n=1 (0.9%)	n=2 (4.6%)
I sometimes feel stressed due to my job	n=45 (42.0%)	n=46 (42.9%)	n=2 (1.8%)	n=4 (3.6%)	n=10 (9.3%)
Sometimes I make lot of mistakes due to an increased pressure to complete my job	n=33 (30.8%)	n=43 (40.1%)	n=5 (4.6%)	n=16 (14.9%)	n=10 (9.3%)
I have enough time to attend to patients when my colleagues are absent	n=12 (11.2%)	n=8 (7.4%)	n =2 (1.8%)	n=54 (50.4%)	n=31 (28.9%)
We manage to do patient care even if others are absent from work	n=20 (18.6%)	n=26 (24.2%)	n=0 (0%)	n=38 (35.5%)	n=23 (21.4%)
I am able to adhere to set standards and principles of patient care when my colleagues are absent	n=17 (15.8%)	n=25 (23.7%)	n=6 (5.6%)	n=3 (2.8%)	n=28 (26.1%)
Sometimes I am unable to execute proper care when I am covering for specialiased nurses who are absent	n=38 (35.5%)	n=43 (40.1%)	n=6 (5.6%)	n=11 (10.2%)	n=9 (8.4%)
My manager expect me to complete my work even when my colleagues are absent	n=52 (48.5%)	n=43 (40.1%)	n=1 (0.9%)	n=7 (6.5%)	n=4 (3.7%)
I am planning to remain in this institution in future	n=19 (17.7%)	n=14 (13.0%)	n=20 (18.3%)	n=22 (20.5%)	n=32 (29.9%)
Sometimes I am forced to work extra time to cover for absent colleagues.	n=38 (35.5%)	n=38 (35.5%)	n=5 (4.6%)	n=7 (6.5%)	n=19 (17.7%)

Table 13 : Effects of absenteeism

Figure 12 indicated the findings on the effects of absenteeism on nurses staying behind in units.

There is increased low staff morale in my unit.

From this study, half (50.5%) 54 of 107 (100.0%) respondents *strongly agreed* that they had a low morale. More than a third 40 (37.0%) of the respondents *agreed* to be having a similar problem, 7 (6.5%) respondents *strongly disagreed*, 5 (4.6%) *disagreed* whereas 1 (0.9%) were *not sure* if they had a low morale.

There is increased workload in my unit when my colleagues are absent.

The majority of the respondents, namely 80 (74.7%) of 107 (100.0%) respondents *strongly agreed* that they experienced an increased workload at work, while 23 (21.4%) respondents *agreed* and 2 (1.8%) respondents *disagreed*. One (0.9%) respondent *strongly disagreed* whereas 1 (0.9%) respondent was *not sure* if there was an increase in workload at work.

I sometimes feel stressed due to my job.

Less than half, 46 (42.9%) of 107 (100.0%) respondents, *agreed* that they were often stressed by the job they do, 45 (42.0%) of the respondents *strongly agreed. However*; 10 (9.3%) respondents *disagreed,* 4 (3.7%) respondents *strongly disagreed* whereas 2 (1.8%) respondents were *not sure* if they were stressed by their job.

Sometimes I make lot of mistakes due to an increased pressure to complete my job.

Findings in this study revealed that less than half, namely 43 (40.1%) of 107 (100.0%) respondents *agreed* that they made a lot of mistakes due to the increased pressure to complete their job. Nearly one third, 33 (30.8%) of the respondents *strongly agreed*, 16 (14.9%) respondents *disagreed,* 10 (9.3%) respondents *strongly disagreed*, and 5 (4.6%) of the respondents were *not sure* if they made a lot of mistakes due to the increased pressure to complete their jobs.

I have enough time to attend to patients when my colleagues are absent.

The study revealed that most of the respondents 54 (50, 4%) of 107 (100.0%) respondents *strongly disagreed* that they had enough time to attend to patients when their colleagues were absent. Less than a third, namely 31 (28.9%) respondents

dis*agreed* with this item, while 12 (11.2%) respondents *strongly agreed*, 8 (7.4%) respondents *agreed*, and 2 (1.8%) of the respondents were *not sure* if they had enough time to attend to patients when their colleagues were absent.

We manage to do patient care even if others are absent from work.

The study revealed that more than a third of the respondents 38 (35.5%) *strongly disagreed* that they were not managing the executing of proper patient care when their colleagues were absent. Less than half 26 (24.2%) *agreed* that they were managing the execution of proper patient care even when their colleagues were absent; while 23 (21.4%) *disagreed* and 20 (18, 6%) respondents *strongly agreed* on the item.

I am able to adhere to set standards and principles of patient care when my colleagues are absent.

More than one quarter of the respondents, 28 (26.1%) of 107 (100.0%) *disagreed* that they were able to adhere to set standards and principles of patient care when their colleagues were absent; 25 (23.3%) *agreed*; 17 (15.8%) *strongly agreed,* 6 (5.6%) were *not sure* whereas 3 (2.8%) respondents *strongly disagreed* on this item.

Sometimes I am unable to execute proper care when I am covering for specialiased nurses who are absent.

The findings of the results revealed that 43 (40.1%) of the 107 (100.0%) respondents agreed that they are unable to execute proper nursing care when they are covering for specialised absent colleagues. More than a third 38 (35.5%) of the respondents *strongly agreed* to this item, while 11 (10.2%) *strongly disagreed*, 9 (8.4%) *disagreed* whereas 6 (5.6%) respondents were *not sure* if they were unable to execute proper nursing care when covering for specialised absent colleagues.

My manager expects me to complete my work even when my colleagues are absent.

The results revealed that nearly half of the respondents, 52 (48.5%) of the 107 (100.0%) respondents, *strongly agreed* that their managers expect them to complete the work even when their colleagues were absent. Less than half, 43 (40.1%) respondents

agreed, 7 (6.5%) respondents *strongly disagreed*, 4 (3.7%) respondents *disagreed* whereas one respondent 1 (0, 9%) was *not sure* if their managers expect them to complete their work even when their colleagues were absent.

I am planning to remain in this institution in future.

Less than a third, 32 (29.9%) of the 107 (100.0%) respondents *disagreed* that they were planning to remain at Mankweng hospital. Less than a quarter 22 (20.5%) of the respondents strongly *disagreed*, to this point; 20 (18.3%) of the respondents were *not sure*, 19 (17.7%) *strongly agreed*, and 14 (13.0%) respondents *agreed* that they were planning to remain at Mankweng hospital.

Sometimes I am forced to work extra time to cover for absent colleagues.

The findings revealed that 38 (35.5%) of the 107 (100.0%) respondents s*trongly agreed* that they were sometimes forced to work extra time to cover for their absent colleagues. A third 38 (35.5%) of the respondents *agreed* to this item*,* 19 (17.7%) of the respondents *disagreed*, 7 (6.5%) *strongly disagreed* whereas 5 (4.6%) of the respondents were *not sure* if they were sometimes being forced to work extra time to cover for their absent colleagues.

Effects of absenteeism on nurses

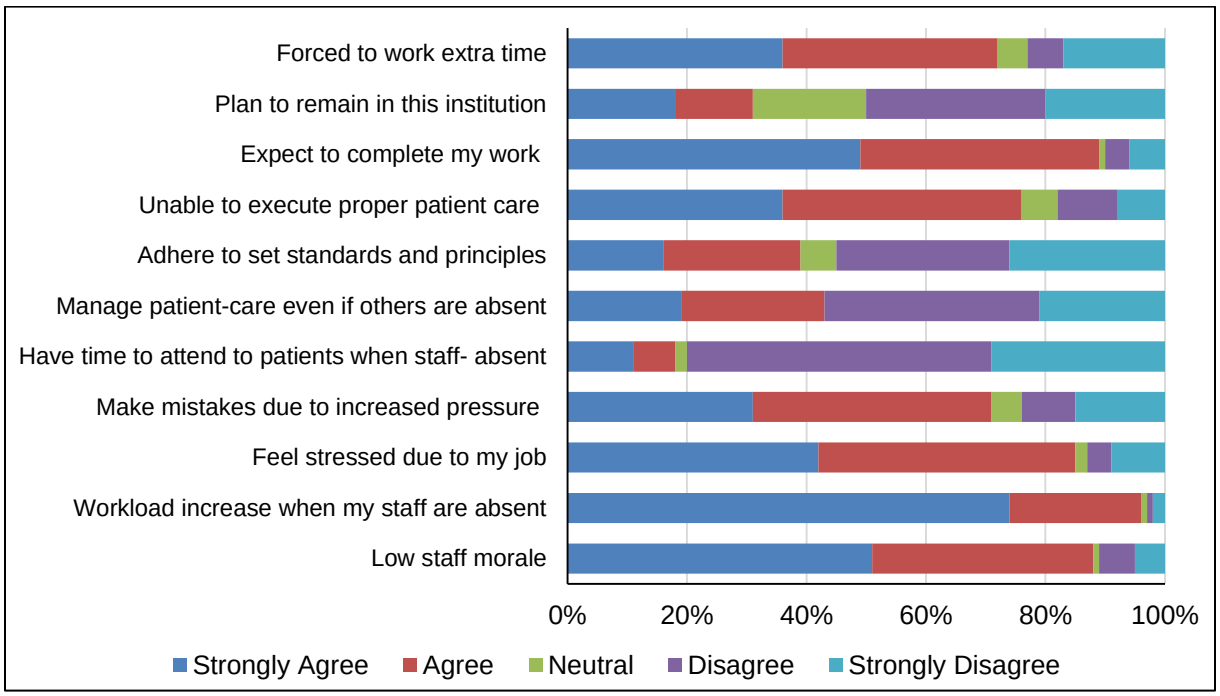


Figure 12 : Effects of absenteeism on nurses

Effects of absenteeism by nurse category

Table 4.14 presents the association between effects of nurse absenteeism and category of nurses. The mean score for professional nurses was significantly higher compared to other group of nurses with regard to “we manage to do patient care even if others are absent from work” and “I am able to adhere to set standards and principles of patient care when my colleagues are absent” ($p<0.05$).

	Nurse category			p-value
	RPN	RSN	RAN	
Low staff morale	1.6±.92	1.8±1.2	1.9±1.1	0.3951
Workload increase when my staff are absent	1.2±.60	1.5±.9	1.4±.70	0.3194
Feel stressed due to my job	1.7±.90	2.1±1.2	2.2±1.4	0.1260
Make mistakes due to increased pressure	2.2±1.4	2.4±1.3	2.6±1.5	0.4040
Have time to attend to patients when staff- absent	3.9±1.1	3.8±1.5	3.7±1.3	0.8472
Manage patient-care even if others are absent	3.5±1.4	2.5±1.5	3.2±1.4	0.0298
Adhere to set standards and principles	3.5±1.4	2.6±1.6	3.4±1.4	0.0346
Unable to execute proper patient care	2.1±1.3	2.1±1.3	2.3±1.2	0.6702
Expect to complete my work	1.8±1.1	1.6±.9	1.9±1.2	0.5333
Plan to remain in this institution	3.5±1.3	3.2±1.5	3.1±1.5	0.7195
Forced to work extra time	2.2±1.4	2.4±1.4	2.5±1.6	0.7552

Table 14 : Effects of absenteeism by nurse category

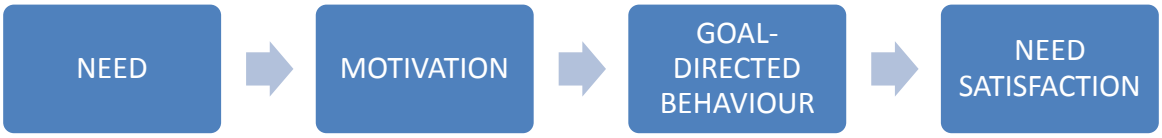
Effects of nurse absenteeism by discipline

There was no significant association between items of nurse absenteeism and different disciplines (Table 15).

	Gen Surgery	ICU	Medical	O&G	Ophthalmology	Paeds/child and family	p-values
Low staff morale	1.8±.87	1.2±.45	2.2±1.5	1.6±1.1	1.9±.99	1.4±.51	0.1754
Workload increase when my staff are absent	1.4±.68	1.0±.00	1.7±1.1	1.1±.32	1.1±.35	1.2±.41	0.0816
Feel stressed due to my job	1.6±.76	1.6±.54	2.4±1.5	2.0±1.6	2.4±1.2	1.8±1.1	0.1767
Make mistakes due to increased pressure	2.2±1.3	2.8±1.6	2.8±1.6	2.2±1.5	2.1±1.2	2.1±1.4	0.4764
Have time to attend to patients when staff-absent	3.6±1.4	4.2±.44	3.6±1.4	4.0±1.2	4.1±.64	3.9±1.2	0.7487
Manage patient-care even if others are absent	3.1±1.5	4.4±.54	2.8±1.5	2.9±1.5	3.9±1.3	3.4±1.6	0.1755
Adhere to set standards and principles	3.4±1.6	3.6±.89	3.4±1.4	2.6±1.4	3.3±1.2	3.4±1.6	0.3995
Unable to execute proper patient care	2.1±1.2	1.6±.54	2.6±1.4	2.1±14	1.5±.76	2.2±1.2	0.2617
Expect to complete my work	1.7±.89	1.6±.55	2.4±1.3	1.6±1.3	1.8±1.4	1.4±.51	0.0845
Plan to remain in this institution	3.1±1.4	3.0±1.2	3.2±1.4	3.6±1.3	3.0±1.9	3.4±1.3	0.8697
Forced to work extra time	2.3±1.3	1.6±.55	2.9±1.8	2.1±1.3	2.4±1.7	2.2±1.4	0.3049

Table 15 : Effects of absenteeism by discipline

Application of Elton Mayo theory to results



The results of this study revealed that one of the key things that nurses lacked was motivation. According to Elton Mayo theory of motivation, motivation helps a person to achieve what is required of them and be happy at the end. Mankweng hospital can involve their staff in planning what the institution wishes to be at each year by so doing staff will be motivated in turn perform better to achieve what is needed. According to Kelly (2008) this makes staff to feel as part of the institution and feel that they need to reach set goals because they were involved in setting them.

4.3 Conclusion

In this chapter, the results of the study were presented and interpreted. In the next chapter, the findings of the study are discussed and compared with literature.

CHAPTER 5

DISCUSSION OF FINDINGS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter covers the discussion of findings, conclusion of the study, limitations of the study, and recommendations from the findings.

5.2 DISCUSSION OF FINDINGS

The discussion of research findings in this study focused on the following according to the objectives:

5.2.1 Factors contributing to absenteeism

Most respondents 98 (91.6%) experienced *increased* workload, stress and low morale as a factor that contributes to absenteeism. These findings are similar to the findings of the study conducted in the United State of America and in Taiwan which indicated that when employees are experiencing increased workload, stress and experiencing low morale at work, they can absent themselves from work (Unruh *et al*., 2007; Yang & Chang, 2007; Marchard *et al.,* 2005).

Nearly half, 44 (41.1%) of respondents were *not sure* about the relationship they had with their superiors. Only 14 (13.1%) of the respondents believed that they had *good* relationships with their superiors. This might mean that respondents are either having poor relationship with their superiors and they are trying to hide that fact by giving neutral answer. This is similar to the findings of a studies conducted in United Kingdom and India that found that often employees absent themselves from work, due to poor working relationship with managers and favouritism displayed by managers for other employees (Sheika & Youris, 2006; Hong *et al.,* 2012).

Only 17 (15.9 %) of the respondents believes that there was *medium* favouritism and nepotism, whereas 10 (9.3%) believes that there was *minimum* favouritism at Mankweng Hospital which is why nurses absent themselves from work. These findings

are similar to the findings of the studies conducted at United Kingdom and in India that found that often employees absent themselves from work due to poor working relationship with managers and favouritism displayed by managers on other employees (Sheika & Youris, 2006; Hong *et al.,* 2012).

Almost a quarter of 26 (24.3%) respondents indicated that they were *not* provided with incentives nor rewards and recognition. The minority of 8 (7.5%) indicated that they were provided with *bad* incentives, rewards and recognition. Rewards and incentives are salary and benefits. These findings concur with a study conducted in one public hospital in Kwa Zulu Natal, South Africa that found that nurses sometimes go to private hospitals to make extra money to supplement their salaries (Cullinan, 2004).

The study revealed that 61 (57.0%) of 107 (100.0%) respondents were *minimally* satisfied with the way the absenteeism policy was being implemented and this contributed to absenteeism. The findings in this study concur with the findings of studies conducted in Northern Israel and Canada that found that an absenteeism policy was being well-implemented during orientation of newly hired nurses and this minimised absenteeism (Orly, 2011).

5.2.2 Effects of absenteeism

Figure 4.9 indicated the findings on the effects of absenteeism on nurses staying behind in units.

From this study, half (50.5%) 54 of 107 (100.0%) respondents *strongly agreed* that they had a low morale. More than a third 40 (37.0%) of the respondents *agreed* to be having a similar problem, 7 (6.5%) respondents *strongly disagreed*, 5 (4.6%) *disagreed* whereas 1 (0.9%) were *not sure* if they had a low morale and this affect them psychologically. These findings are similar to the findings of a study conducted in United State of America and in Taiwan which indicated that absenteeism can result in low morale at work (Unruh *et al.,* 2007; Yang & Chang, 2007; Marchard *et al.,* 2005).

The majority of the respondents, namely 80 (74.7%) of 107 (100.0%) respondents *strongly agreed* that they experienced an increased workload at work, while 23 (21.4%) respondents *agreed* and 2 (1.8%) respondents *disagreed*. One (0.9%) respondent

strongly disagreed whereas 1 (0.9%) respondent was *not sure* if there was an increase in workload at work all this findings affected nurses with the quality of work they provide. The findings are similar to the findings of studies conducted in hospitals in Limpopo Province and France which also found that nurses experience an increased workload when their colleagues are absent from work (Nyathi, 2005; Moret et al., 2012).

Less than half, 46 (42.9%) of 107 (100.0%) respondents, *agreed* that they were often stressed by the job they do, 45 (42.0%) of the respondents *strongly agreed. However*; 10 (9.3%) respondents *disagreed,* 4 (3.7%) respondents *strongly disagreed* whereas 2 (1.8%) respondents were *not sure* if they were stressed by their job and this affected them at work. These results are similar to the results of studies conducted in Canada whereby it was found that nurses are stressed and tired due to the long hours they work (Rajbhandary & Basu, 2010; Mandy *et al.,* 2009).

Findings in this study revealed that less than half, namely 43 (40.1%) of 107 (100.0%) respondents *agreed* that they made a lot of mistakes due to the increased pressure to complete their job. Nearly one third, 33 (30.8%) of the respondents *strongly agreed*, 16 (14.9%) respondents *disagreed,* 10 (9.3%) respondents *strongly disagreed*, and 5 (4.6%) of the respondents were *not sure* if they made a lot of mistakes due to the increased pressure to complete their jobs and this affected the quality of work they provided. These findings are similar to the findings of the studies conducted in Canada and France where it was found that nurses are given a role overload as the result of absent colleagues and that there are more negative incidence reports on days were there is a shortage of nurses as a result of absenteeism (Davey *et al.,* 2009; Moret et al., 2012).

The study revealed that most of the respondents 54 (50, 4%) of 107 (100.0%) respondents *strongly disagreed* that they had enough time to attend to patients when their colleagues were absent. Less than a third, namely 31 (28.9%) respondents dis*agreed* with this item, while 12 (11.2%) respondents *strongly agreed*, 8 (7.4%) respondents *agreed*, and 2 (1.8%) of the respondents were *not sure* if they had enough time to attend to patients when their colleagues were absent and this has a negative impact on the patients they care for. These results are similar to the results indicted in

studies conducted in one public hospital in the Gauteng Province and in Iceland, that found that nurses sometimes have little time to attend to patients to give them individualised care (Hennessy, 2009; Herdis *et al.,* 2005).

The study revealed that more than a third of the respondents 38 (35.5%) *strongly disagreed* that they were not managing the executing of proper patient care when their colleagues were absent. Less than half 26 (24.2%) *agreed* that they were managing the execution of proper patient care even when their colleagues were absent; while 23 (21.4%) *disagreed* and 20 (18, 6%) respondents *strongly agreed* on the item. The results differs from the results found in a study conducted in the United States of America which indicated that absenteeism led to understaffing in units, staffing instability and other factors that had a negative impact on patient care (Unruh *et al.,* 2007). This might be due to the fact that nurses are viewing the work they do as being quality.

More than one quarter of the respondents, 28 (26.1%) of 107 (100.0%) *disagreed* that they were able to adhere to set standards and principles of patient care when their colleagues were absent; 25 (23.3%) *agreed*; 17 (15.8%) *strongly agreed,* 6 (5.6%) were *not sure* whereas 3 (2.8%) respondents *strongly disagreed* on this item and this jeopardise their career. These results are contrary to the results of the studies conducted in Canada and France where it was found that nurses are given role overload as the result of absent colleagues and that there are more negative incidence reports on days were there is shortage of nurses as a result of absenteeism (Mandy *et al.,* 2009; Moret et al., 2012).

The findings of the results revealed that 43 (40.1%) of the 107 (100.0%) respondents agreed that they are unable to execute proper nursing care when they are covering for specialised absent colleagues.

More than a third 38 (35.5%) of the respondents *strongly agreed* to this item, while 11 (10.2%) *strongly disagreed*, 9 (8.4%) *disagreed* whereas 6 (5.6%) respondents were *not sure* if they were unable to execute proper nursing care when covering for specialised absent colleagues. This might be due to the fact that nurses try to compromise by doing

duties that they are not trained for. The findings are similar to the findings of studies conducted in Iceland and in the United States of America which found that nurse often experience difficulty in meeting patients' needs especially when covering for specialised absent colleagues (Herdis *et al*., 2005; Unruh *et al.,* 2007).

The results revealed that nearly half of the respondents, 52 (48.5%) of the 107 (100.0%) respondents, *strongly agreed* that their managers expect them to complete the work even when their colleagues were absent and this affect their quality of work. Less than half, 43 (40.1%) respondents *agreed,* 7 (6.5%) respondents *strongly disagreed*, 4 (3.7%) respondents *disagreed* whereas one respondent 1 (0, 9%) was *not sure* if their managers expect them to complete their work even when their colleagues were absent. The results were similar to the results of studies conducted in Kwa-Zulu Natal and internationally that found that managers had a lack of concern for pressure that nurses felt when their colleagues were absent (Mudaly, 2009; Indris *et al.,* 2011).

Less than a third, 32 (29.9%) of the 107 (100.0%) respondents *disagreed* that they were planning to remain at Mankweng hospital. Less than a quarter 22 (20.5%) of the respondents strongly *disagreed*, to this point; 20 (18.3%) of the respondents were *not sure*, 19 (17.7%) *strongly agreed*, and 14(13.0%) respondents *agreed* that they were planning to remain at Mankweng hospital. These results are not surprising as most other studies on the topic also indicated that institutions with workers having a low morale and low motivation are likely to have a high turnover (Mudaly, 2009; Meyer, 2004; Mandy *et al.,* 2009; Rajbhandary & Basu, 2010; Carraher & Buckley, 2008).

The findings revealed that 38 (35.5%) of the 107 (100.0%) respondents s*trongly agreed* that they were sometimes forced to work extra time to cover for their absent colleagues and this add extra time for them. A third 38 (35.5%) of the respondents *agreed* to this item*,* 19 (17.7%) of the respondents *disagreed*, 7 (6.5%) *strongly disagreed* whereas 5 (4.6%) of the respondents were *not sure* if they were sometimes being forced to work extra time to cover for their absent colleagues. These results were similar to the results of a study conducted in Finland which revealed that sometimes nurses are forced to work extra time when their colleagues are absent (Rauhala et al., 2007).

5.3 LIMITATIONS OF THE STUDY

This study was conducted with a small sample at one hospital therefore the results cannot be generalised to all hospitals in Limpopo. The sample size was not reached as respondents were unwilling to take part in the study therefore the results cannot be generalised to the whole hospital. Most respondents were registered professional nurses and other categories were not we well represented.

5.4 RECOMMENDATIONS

The following recommendations focused on the following findings of this study:

- *Factors contributing to absenteeism*

Nurses are to be involved in skills development training more frequently to upgrade their abilities and to motivate them to work. Government can provide this training to improve their skills as this will motivate them to work harder and to be more committed to their work. Trainings can be offered for a planned stipulated period. Nurses should be encouraged to complete their continuous professional development points as required by SANC.

Rotation of nurses between different units to be implemented in order to allow nurses to be acquitted with routines done in different wards. Rotation allows nurses to know work performed in different units and in case there is shortage of staff in one unit the manager can rotate nurses on short notice. Team building events can be encouraged for the whole hospital as compulsory events for motivation of staff.

Employees to be followed up with area managers every three months about the experience they have with their direct managers and how they are coping with their work. Wards that are known to be having heavy workloads to be equipped with enough skilled nurses. The study revealed that medical and obstetric units were having challenges with regard to the effects of absenteeism.

Rotation of managers on a yearly basis to be encouraged to allow them to encounter new trends in nursing. Managers can be sent on workshops on implementing new management skills required in the nursing field. A special task office to be setup to deal with problems nurses face every day.

- *Effects of absenteeism*

Compulsory debriefing sessions to be offered for nurses on quarterly basis. Absenteeism policy should be made known to all employees. This policy can be included in orientation programs for new employees and workshops conducted to all staff working in the hospital. Strict monitoring of frequent absentees should be done monthly by managers in the units and human resource department and employees with problems should be referred immediately to relevant stakeholders, this might discourage absenteeism. Reward nurses with less absenteeism rate.

The Health Department should conduct unannounced visits to audit the workplace absenteeism. Managers should encourage team spirit and good interpersonal relationships amongst nurses.

Registered staff nurses and registered auxillary nurses to be in-service on research so that they can participate in numbers in future.

Further research can be conducted to analyse the knowledge of managers about the effects of absenteeism on patient care and the experience of patients at health service points where fewer nurses are working.

5.5 STRATEGIES TO OVERCOME ABSENTEEISM

The strategies are presented based on the study results as follows:

Lack of motivation

- Training of nurses at stipulated period based on length of stay in the institution to motivate staff to work. Promoting the principle set for Continuing Professional education for nurses by South African Nursing Council and other professional bodies in South Africa. These will motivate nurses in realising that their employers take care of their professional development interest.

Unwillingness to accept roles

- Regular in-service trainings and workshops to enhance nurses' skills must be conducted which will result in promoting nurses' confidence in providing quality care for patients.

Commitment to the employing health facility

- Existence of training schedule for nurses encourages them to work for the institution knowing that after a certain period of time they will be rewarded through skills development.

Stress prevention strategies

- Managers need to be trained on continuous counselling of nurses who are in distress and refer them to relevant health care professional for further management.

Workload vs depression

- Prompt referral of nurses to psychologists and relevant professionals for prevention of depression.

Interpersonal relationships

- Team building events for all the nurses to be organised by managers to promote team work.

Managers and favouritism

- Human resource development unit need to equip managers with skills and knowledge on how to treat employees to avoid nepotism and favouritism.

Incentives

- Performance management system must be employed so that deserving nurses be allocated incentives according to their effort made at their work stations.
- Promotion for deserving nurses will encourage them to put more efforts in their working environment.

Absenteeism policy

- Absenteeism policy to be included on orientation programme of all newly employed nurses and workshops must be conducted yearly on aspects related to the importance of provision of quality care to patients and staffing norms.

5.6 CONCLUSIONS

Mankweng Hospital is one of the largest hospitals in Limpopo and most hospitals rely on it for care of patients as they provide highly specialiased care. In this study it was found that the majority of nurses were demotivated and they struggled with completion of their duties when their colleagues were absent. If their colleagues were absent, the patient care they provide was not of good quality as set standards and principles were not adhered to. Looking at patient care, individualised patient care was not being implemented due to the absenteeism. This simply implied that routine work was being done to cover basic duties.

Most nurses believed favouritism and lack of appreciation of nurse's skills and capabilities were being displayed by managers. On the other hand, nurses sacrificed their time and worked overtime for absent colleagues that led to fatigue and stress. Some nurses were not committed to their work and they absent themselves and their colleagues were being forced to work extra time for them.

According to Elton Mayo's theory of motivation, if employees are made to feel important and motivated they can achieve more. According to this theory, people work hard and become loyal when they feel involved in the service delivery they provide for the institution.

Absenteeism should be managed using strict measures to discourage practices that are negatively impacting on nurses and patient care. Employees with problems should be referred for counselling to assist in managing them. Managers should be trained in professionalism and leadership skills and people management.

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APPENDIX 1

UNIVERSITY OF LIMPOPO (Turf loop Campus) ENGLISH CONSENT FORM

Statement concerning participation in a Research Project

Name of Study: **The effects of absenteeism on the nurses that remain at work at Mankweng Hospital in the Capricorn District, Limpopo Province**.

I have heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurised to participate in any way.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons.

I know that this Trial / Study / Project have been approved by the Medunsa Research Ethics Committee (MREC), University of Limpopo (Turfloop Campus) to be conducted at Mankweng Hospital. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study.

Name of volunteer	witness
.....	…….
Place	Date.
……	…….

Statement by the Researcher

I provided verbal and/or written information regarding this study

I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol.

.....	.....	……	.....……
Name of Researcher	Signature	Date	Place

Appendix 1

UNIVERSITY OF LIMPOPO (Turfloop Campus) SEPEDI CONSENT FORM

Setatamente mabapi le go tšea karolo ka go ya Dinyakišišo.

Leina la Dinyakišišo: **Ditlamorago tseo baoki baikhwetsago ba le ka gare ga tsona ka lebaka la go se iponagatse moshomong ga ba bangwe ba bona bookelong ba Mankweng mo Distriking ya Capricorn, provinseng ya Limpopo**.

Ke kwele ka ga tshedimošo mabapi le maikemišetšo le morero wa dinyakišišo tšeo di šišintšwego gomme ke ile ka fiwa monyetla wa go botšiša dipotšišo gomme ka fiwa nako yeo e lekanego gore ke naganišiše ka ga taba ye. Ke tloga ke kwešiša maikemišetšo le morero wa dinyakišišo tše gabotse. Ga se ka gapeletšwa go kgatha tema ka tsela efe goba efe.

Ke a kwešiša gore go kgatha tema Dinyakišišong tše ke ga boithaopo gomme nka tlogela go kgatha tema nakong efe goba efe ntle le gore ke fe mabaka.

Ke a tseba gore Dinyakišišo tše di dumeletšwe ke Medunsa Research Ethics Committee (MREC), Yunibesithi ya Limpopo (Khamphase ya Turfloop) le Mankweng Hospital.Ke tseba gabotse gore dipoelo tša Dinyakišišo tše di tla dirišetšwa merero ya saense gomme di ka phatlalatšwa. Ke dumelelana le se, ge fela bosephiri bja ka bo ka tiišetšwa.

Mo ke fa tumelelo ya go kgatha tema Dinyakišišong.

Leina la moithaopi	Tlhatse
.....	.....
Lefelo.	Letšatšikgwedi.
……	……..

Setatamente ka Monyakišiši

Ke fana ka tshedimošo ka molomo le/goba yeo e ngwadilwego mabapi le Dinyakišišo tse Ke dumela go araba dipotšišo dife goba dife tša ka moso mabapi le Dinyakišišo ka bokgoni ka moo nka kgonago ka gona.

Ke tla latela melao yeo e dumeletšwego.

.....	.....	.....	……
Leina la Monyakišiši	Mosaeno	Letšatšikgwedi	Lefelo

APPENDIX 2A

Letter requesting permission to conduct research

University of Limpopo
Turfloop Campus
Private Bag x 1106
Sovenga
0727

Limpopo Province
The Department of Health and Social Development
Private Bag x 9302
Polokwane
0700

RE: Request for permission to conduct research study.

I Malatji M M am currently a registered student in the programme, Masters in nursing Science at University of Limpopo and I hereby request to conduct a research study at Mankweng Hospital. The study title: The effects of absenteeism on nurses that remain at work at Mankweng Hospital in the Capricorn District, Limpopo Province. The study involves nurses working in the wards. This study will be conducted without hindering any health professionals from taking part in their duties and responsibilities.

Hoping for a positive response.

Yours faithfully

Malatji M M
Cell no: 0827768427
Email address: khajo4@gmail.com

APPENDIX 2B: Letter to the CEO

University of Limpopo

Turfloop Campus

School of Health Sciences

Nursing Department

Private Bag x 1106

Sovenga

0727

The Chief Executive Officer

Mankweng Hospital

Private Bag x 1117

Sovenga

0727

REQUEST TO BE GRANTED PERMISSION TO CONDUCT A STUDY

I Malatji M M request to be granted permission to conduct a study at your institution. The study will be about the effects of absenteeism at your institution. Data was collected amongst all categories of nurses working in the wards. This study has been approved by the University of Limpopo, Research Ethics Committee and subsequent approval has been received from Limpopo Health Provincial Office.

Yours faithfully

Malatji M.M.

Researcher's contact details: 0827768427

E mail: khajo4@gmail.com

APPENDIX 3: Questionnaire

Dear respondent

Thank you for taking part in the study: the effects of absenteeism on nurses that remain at work at Mankweng Hospital in the Capricorn District, Limpopo province. The purpose of this study is to investigate the effects of absenteeism on nurses that remain at work at Mankweng Hospital in the Capricorn District, Limpopo Province.

Your participation is valued. The study might help government and the hospital to realise the challenges nurses face when their colleagues are absent. There is no reward for taking part in this study. The questionnaire will take you 15 minutes to fill.

Yours truly

Malatji MM

NOTE: Please tick what is applicable to you.

SECTION A: Demographical information

These sections might cause discomfort for sensitive respondents, the information allows the researcher to compare respondents being studied. Your response will remain anonymous, your participation is appreciated.

1. Nursing category

Registered professional nurse	1
Registered staff nurse	2
Registered auxiliary nurse	3

1. Work experience in years

1-5 years	1
6-10 years	2
11-15 years	3
16-20 years	4
21 years and above	5

3. Allocated unit

Medical ward	1
Child and family unit	2
Surgical ward	3
Ophthalmology ward	4
Gynaecology ward	5
Obstetric ward	6
Paediatrics ward	7
Intensive care unit	8
Orthopaedic ward	9
Burns unit	10

3. Gender

Male	1
Female	2

5. Age in years

20-29 years	1
30-39 years	2
40-49 years	3
50-59 years	4
60 years and above	5

4. Marital status

Single	1
Married	2
Divorced	3
Widowed	4

5. Residential area

Informal settlement	1
Rural area	2
Peri-urban area	3
Urban	4

SECTION B: Factors that contribute to absenteeism.

Instruction: Tick one answer that appropriately describes your thoughts about factors contributing to absenteeism.

Factors	Strongly agree	Agree	Not sure	Strongly disagree	Disagree
6. Lack of motivation contributes to absenteeism.	1	2	3	4	5
7. Nurses are often unwilling to accept roles allocated to them.	1	2	3	4	5
8. Nurses are committed to this institution.	1	2	3	4	5
9. Managers in this institution have concern for stress prevention strategies.	1	2	3	4	5
10. Increased workload can cause depression for nurses.	1	2	3	4	5
11. There is good interpersonal relationship between nurses.	1	2	3	4	5
12. Managers display favouritism between nurses.	1	2	3	4	5
13. I am satisfied with the incentives I get.	1	2	3	4	5
14. I know about the absenteeism policy in my institution.	1	2	3	4	5

SECTION C: Effects of absenteeism

Please tick one box that appropriately describes your understanding with regard to effects of absenteeism.

	Strongly agree	Agree	Not sure	Strongly disagree	Disagree
17. There is an increased low staff morale in my unit	1	2	3	4	5
18. There is increased workload in my unit when my colleagues are absent	1	2	3	4	5
19. I sometimes feel stressed due to my job	1	2	3	4	5
20. Sometimes I make lot of mistakes due to an increased pressure to complete my job	1	2	3	4	5
21. I have enough time to attend to patients when my colleagues are absent	1	2	3	4	5
22. We manage to do patient care even if others are absent from work	1	2	3	4	5
23. I am able to adhere to set standards and principles of patient care when my colleagues are absent	1	2	3	4	5
24. Sometimes I am unable to execute proper care when I am covering for specialiased nurses who are absent	1	2	3	4	5
25. My manager expect me to complete my work even when my colleagues are absent	1	2	3	4	5
26. I am planning to remain in this institution in future	1	2	3	4	5
27. Sometimes I am forced to work extra time to cover for absent colleagues.	1	2	3	4	5