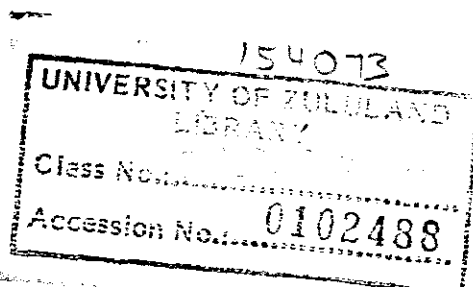


UNIVERSITY OF ZULULAND

**INCIDENCE OF ABSENTEEISM
IN NGWELEZANE HOSPITAL
NURSES AS A FUNCTION OF
WORK RELATED STRESS**

by

Ntombo Florence Khumalo



INCIDENCE OF ABSENTEEISM IN NGWELEZANE HOSPITAL NURSES AS A FUNCTION OF WORK RELATED STRESS

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Ntombo Florence Khumalo

A dissertation submitted to the Faculty of Arts,
University of Zululand, in fulfillment of the degree of
Masters (M.Cur) in Nursing Administration.

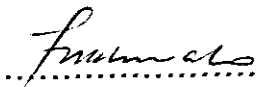
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DATE OF SUBMISSION : MARCH 2001

i)

DECLARATION

I declare that **Incidence of Absenteeism in Ngwelezane Hospital nurses as a function of work related stress** is my work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

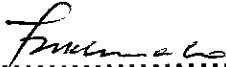

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iii)

Dedication

This work is dedicated to my husband Mathias Bhekizwe Khumalo, for all his support and encouragement which compelled me to function in my studies. My dedication would be incomplete without including my parents Mr. and Mrs. L.G. Dlungwane and my beloved children S'celo, Mthokozisi and Sizwe, who are worth more in my success.

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My husband and my children for their loving support and encouragement in the preparation of the study.

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Abstract

This is a descriptive study which is aimed at:

Establishing the incidence of absenteeism

Determining factors that contribute to increased incidence of absenteeism in Ngwelezane nurses as a function of work related stress.

Describing the effects of absenteeism on patient care and nurses.

The study was done at Ngwelezane Hospital. A structured interview schedule was designed to determine the incidents of absenteeism in Ngwelezane Hospital nurses as a function of work related stress.

The major findings of the study were that, the majority of registered nurses at Ngwelezane Hospital are matured responsible and accountable adults with less absenteeism rate. Age, gender, residential area, category and experience might have a positive influence on their leadership role in minimizing the rate of absenteeism.

The records revealed that absenteeism occurred because of illness and vacation leave. This created shortage of registered nurses unnecessarily.

Registered nurses' perceptions on illnesses as a contributory factor to absenteeism is seen as a factor that increases incidence of absenteeism. A proof of illness (sick note) is seen as an influence to long term or recurrent illness.

Policy controlling absenteeism reduces the rate of absenteeism. Some perceive policy as a source of dissatisfaction because it favours absenteeism.

Rewards given on good work done could reduce the rate of absenteeism and motivate them to attend.

Based on the findings of the study it is recommended that registered nurses be given an opportunity for continuous education in order to give them skills to deal with stress. An in service education on policy controlling absenteeism and strategies used to minimize absenteeism to be employed. A number of registered nurses to be increased in each unit and to be given responsibility in special committees that are established in the hospital. Rewards to be given to nurses for good work done and also for good attendance. The hospital has to investigate a pattern of sickness of a worker and keep a record of sick notes. A follow-up to be made.

vi)

Glossary

The following abbreviations were used in parts of the text:

S.A.N.C - South African Nursing Council

Reference Technique

The augmented Harvard method of referring (author's name, year of publication and relevant page numbers) was used throughout the study.

TABLE OF CONTENTS

CHAPTER 1	1
ORIENTATION TO THE STUDY	1
1.1 INTRODUCTION	1
1.2 MOTIVATION FOR THE STUDY	2
1.3 THE STATEMENT OF THE PROBLEM	5
1.4 PURPOSE OF THE STUDY	6
1.5 OBJECTIVES OF THE STUDY	6
1.6 SIGNIFICANCE OF THE STUDY	6
1.7 DELIMITATION OF THE AREA OF STUDY	7
1.8 DEFINITION OF TERMS	7
1.9 ORGANISATION OF THE STUDY	8
1.10 CONCLUSION	9
CHAPTER 2	10
LITERATURE REVIEW	10
2.1 INTRODUCTION	10
2.2 FACTORS THAT CONTRIBUTE TO INCREASED INCIDENCE OF ABSENTEEISM	11
CHAPTER 3	25
RESEARCH METHODOLOGY	25
3.1 INTRODUCTION	25

3.2	RESEARCH DESIGN	25
3.2.1	METHOD OF DATA COLLECTION	25
3.3	TARGET POPULATION	26
3.4	SAMPLING AND SAMPLE SIZE	26
3.5	DATA COLLECTION INSTRUMENTS.....	26
3.6	PREPARATION FOR COLLECTION OF DATA	26
3.6.1	PERSONNEL RECORDS	27
3.6.2	STRUCTURED INTERVIEW SCHEDULE	27
3.7	PILOT STUDY.....	28
3.8	ETHICAL CONSIDERATION	28
3.9	CONCLUSION.....	29
CHAPTER 4	30
	DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS	30
4.1	INTRODUCTION.....	30
4.2	DISCUSSION OF FINDINGS	53
4.2.1	SAMPLE REALIZATION.....	53
4.2.2	GENDER DISTRIBUTION	53
4.2.3	AGE DISTRIBUTION	53
4.2.4	RESIDENTIAL AREAS	54
4.2.5	CATEGORY OF REGISTERED NURSES.....	54
4.2.6	EXPERIENCE IN YEARS	54
4.2.7	FINDINGS OF THE STUDY	55
4.2.7.1	INCIDENCE OF ABSENTEEISM AS REFLECTED ON REGISTERED NURSES' RECORDS	55

4.2.8	FACTORS THAT CONTRIBUTE TO ABSENTEEISM AS REVEALED BY RESPONDENTS' RECORDS, AND INTERVIEW RESPONSES	55
4.2.8.1	ILLNESS	55
4.2.8.2	VACATION LEAVE.....	56
4.2.9	FACTORS CONTRIBUTING TO ABSENTEEISM AS REVEALED BY RESPONDENTS ONINTERVIEW.....	57
4.2.10	EFFECTS OF ABSENTEEISM	53
4.2.10.1	EFFECTS OF ABSENTEEISM ON PATIENTS.....	58
4.2.10.2	EFFECTS OF ABSENTEEISM ON NURSES.....	59
4.2.10.3	EFFECTS OF ABSENTEEISM ON THE HOSPITAL	60
CHAPTER 5	62
	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	62
5.1	INTRODUCTION.....	62
5.2	SUMMARY OF THE STUDY	62
5.3	PURPOSE OF THE STUDY	62
5.4	STATEMENT OF THE PROBLEM.....	62
5.5	OBJECTIVES OF THE STUDY	63
5.6	REVIEW ON RELATED LITERATURE	63
5.7	METHODOLOGY	64
5.7.1	RESEARCH DESIGN	64
5.7.2	RESEARCH INSTRUMENT	65
5.7.3	TARGET POPULATION.....	65
5.7.4	PERMISSION.....	60
5.7.5	PILOT STUDY	65
5.8	CONCLUSION.....	66
5.8.1	THE OBJECTIVES OF THE STUDY	66
5.9	LIMITATIONS OF THE STUDY	67
5.10	RECOMMENDATION FOR FURTHER STUDY.....	67

LIST OF REFERENCES	69
ANNEXURE A	72
DEFINITION OF TERMS.....	80
PRELIMIARY LITERATURE REVIEW	82
CONCLUSION.....	92
ANNEXURE B	100
ANNEXURE C	102
ANNEXURE D	103

LIST OF TABLES

MAIN STUDY	PAGE
TABLE 1: GENDER DISTRIBUTION	30
TABLE 2: AGE DISTRIBUTION	31
TABLE 3: RESIDENTIAL AREAS	32
TABLE 4: CATEGORY OF PROFESSIONAL NURSES.....	32
TABLE 5: EXPERIENCE IN YEARS	33
TABLE 6: NUMBER OF REGISTERED NURSES ABSENT MOST IN EPARTMENTS	34
TABLE 7: PERIOD DURING WHICH THE INCIDENCE OF ABSENTEEISM WAS HIGH AMONG CHIEF PROFESSIONAL NURSES: JANUAY TO DECEMBER 1999.	42
TABLE 8: PERIOD DURING WHICH THE INCIDENCE OF ABSENTEEISM WAS HIGH AMONG SNR PROFESSIONAL NURSES: JANUARY TO DECEMBER 1999.	42
TABLE 9: PERIODS DURING WHICH THE INCIDENCE OF ABSENTEEISM WAS HIGH AMONG PROFESSIONAL NURSES: JANUARY TO DECEMBER 1999...	43
TABLE10: REASONS FOR BEING ABSENT	44
TABLE11: AWARENESS OF ABSENTEEISM BY NURSES AT NGWELEZANE HOSPITAL	45
TABLE12: FACTORS THAT CONTRIBUTE TO ABSENTEEISM	46
TABLE13: THE EFFECTS OF ABSENTEEISM ON PATIENTS	47
TABLE14: EFFECTS OF ABSENTEEISM ON NURSES	48
TABLE15: EFFECTS OF ABSENTEEISM ON THE HOSPITAL	49

TABLE16: THE CONTENT OF ABSENTEEISM POLICY 50

**TABLE17: NURSES OPINIONS ON THE EFFECTIVENESS OF THE POLICY
CONTROLLING ABSENTEEISM 51**

TABLE18: THE EFFECTIVENESS OF ABSENTEEISM POLICY 51

TABLE19: NURSES OPINIONS ON STRATEGIES OF MINIMIZING ABSENTEEISM 52

LIST OF FIGURES

FIGURE 1: NUMBER OF CHIEF PROFESSIONAL NURSES ABSENT BECAUSE OF ILLNESS FROM JANUARY TO DECEMBER 1999..... 35

FIGURE 2: NUMBER OF SENIOR PROFESSIONAL NURSES ABSENT BECAUSE OF ILLNESS FROM JANUARY TO DECEMBER 1999 36

FIGURE 3: NUMBER OF PROFESSIONAL NURSES ABSENT BECAUSE OF ILLNESS FROM JANUARY TO DECEMBER 1999 37

FIGURE 4: NUMBER OF REGISTERED NURSES ON VACATION LEAVE FROM JANUARY TO DECEMBER 1999 38

FIGURE 5: NUMBER OF SENIOR PROFESSIONAL NURSES ON VACATION LEAVE FROM JANUARY TO DECEMBER 1999 40

FIGURE 6: NUMBER OF PROFESSIONAL NURSES ON VACATION LEAVE FROM JANUARY TO DECEMBER 1999 41

x)

LIST OF ANNEXURES

Annexure A: Research Proposal

Annexure B: Letter to the Medical Superintendent of the hospital under study.

Annexure C: Forms for recommendation and approval for carrying out the research.

Annexure D: Structured interview schedule and personnel records

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

It is evident that absenteeism is more common among nursing personnel. Most of the nurses *do not report at work as it is indicated in their off duty rosters*. Some report in the morning and disappear during the day. Others are present at work but are not known what they are doing because they are not with the patients (Booyens, 1993: 343).

A high rate of absenteeism is costly in terms of agency expenditure and employee morale. A nurse from another section must replace an absent worker. A replacement worker becomes unfamiliar with the working environment, so inefficiency and error result and other workers are demoralized and absenteeism rate increases among the peripheral workers who are demoralized (Gillies, 1994: 284).

Patients do not receive the best care they deserve especially the helpless ones who are totally dependent on nurses by demanding total care from them. This results to long hospitalization and increased death rate to some of the patients (Sullivan & Decker, 1992: 373).

1.2 MOTIVATION FOR THE STUDY

During ward inspection, the researcher discovered that certain tasks were not done, for example, allocation of nurses according to their level of training and checking of emergency equipment. Other nursing skills such as recording of patient's treatment and writing of the patient's report were not carried out because some nurses were absent and few nurses were expected to do the job.

According to Ngwelezane hospital records, nurses absent themselves from work because of reasons beyond control, for example illness, transport problems and lack of accommodation. There were those nurses that were absent because of deliberate reasons for example, poor working conditions such as lack of equipment, long hours of work, overcrowded wards, lack of self discipline, and alcohol abuse.

When five (5) nurses were requested to state what they considered to be the reasons for high rate of absenteeism, they indicated reasons beyond control as well as deliberate reasons. Nurses at Ngwelezane hospital indicated the following reasons:

REASONS BEYOND CONTROL

Illness: Nurses may absent themselves for minor health problems such as dysmenorrhoea, migraine, colds, allergies, diarrhea or low backache. Nurses may also report sick husband or sick child and absent themselves to look after them.

Transport problems: There is an increased difficulty in getting to work on time due to transportation problems. When a person is motivated to attend, bus strikes will occur. Taxis and private transport is expensive and this will demotivate nurses to attend.

Lack of accommodation: Nurses absent themselves because of lack of accommodation near the work place. Nurses travel long distances to work and this demotivate them to attend.

DELIBERATE REASONS

Poor working conditions: Such as long hours of work shortage of equipment and overcrowded wards, which increase loss of interest in work leading to absenteeism.

Lack of self-discipline: Nurses may neglect their duties and attend extramural activities like football during working hours.

Alcohol abuse: Some employees abuse alcohol they may leave patients unattended or omit patients' treatment for no reason because they may be under influence of alcohol.

It is a source of concern that absenteeism control is not taken as priority but secondary to nurses rights. Hence patient's lives are at stake as they are often left unattended. This is supported by sick leave policies that encourage nurses to be dishonest, and to get full pay as long as they produce proof of illness within 24 hours (Tomey, 1991:303).

Rhodes & Steers (1990:48-49) expressed their concern that the belief in the Unions as protection of employees' rights is a predictor of voluntary absenteeism. Union members are more likely to be absent than non-union members, possibly because of lesser penalties being attached to absences' behaviour for those under union contract.

Absenteeism is also a side effect of personal problems, lack of control over decisions affecting one's life and lack of self-discipline. This is further complicated by the fact that some employees are poorly motivated and as a result do as little as possible to keep themselves from getting fired and fail to see their job as means to an end (Booyens, 1993:346).

Another concern is that the number of employees per unit may also give rise to absenteeism. Employees working in larger unit feel a lack of belonging and cohesiveness and develop burnout because they are overburdened with monotonous tasks and lack autonomy within the work group. They avoid stress by withdrawing from the workplace (Booyens, 1993:347).

In 1998, Zondi examined the impact of nursing staff absenteeism on patient care and nurses at Ngwelezane Hospital. Her findings were that, workload on nurses created stress that resulted to sickness, which increased the rate of absenteeism (Zondi, 1998:1).

In 1990, Tyani assessed absenteeism as a nursing service problem in the Republic of Transkei. She Identified that absenteeism rate was increased by job dissatisfaction caused by lack of material resource and long hours

of work; working conditions like lack of orientation on the job; and poor supervision, where there is bias and favouritism. These were identified as variables influencing absenteeism (Booyens 1993:345).

In 1990, Lee & Erikson investigated the effects of policy change on the types of absence in Philadelphia. Their findings were that the professional status of the employee may influence the rate of absenteeism, for example the registered nurses who occupy offices are at liberty to misuse office hours for their own liking. They further identified that the morale of the staff was lowered because of overtime work, substitute nurses and working with fewer staff than required (Booyens, 1993:344).

In spite of these studies there is a noticeable absence of research on incidence of absenteeism for nurses in health service institutions in South Africa. The present study will attempt to close this gap.

1.3 THE STATEMENT OF THE PROBLEM

The problems investigated were:

“How many nurses absent themselves from work at Ngwelezane Hospital?”

“Why do nurses absent themselves from work?”

“What is the effect of nurses absenteeism to patients and to the nursing profession at large?”

1.4 PURPOSE OF THE STUDY

The purpose of the study is to investigate the incidence of absenteeism at Ngwelezane Hospital nurses as a function of work related stress.

1.5 OBJECTIVES OF THE STUDY

1.5.1 To establish the incidence of absenteeism.

1.5.2 To determine factors that contribute to increased incidence of absenteeism in Ngwelezane Hospital nurses as a function of work related stress.

1.5.3 To describe the effects of absenteeism on patient care and nurses.

1.6 SIGNIFICANCE OF THE STUDY

The high incidence of absenteeism among nursing personnel has a great effect on patient care because most of the nursing skills are not done, patients receive in appropriate care. This study will create awareness to the authorities of the institution on the causes of nurses' absenteeism from work. The rate of absenteeism will be highlighted. The authorities may be motivated to formulate policies and strategies that may assist in reducing the incidence of absenteeism among nurses.

1.7 DELIMITATION OF THE AREA OF STUDY

The study was conducted at Ngwelezane Hospital, in KwaZulu-Natal. Seeing that Ngwelezane Hospital is where the research was based, it was convenient for the researcher and the target personnel were more accessible.

1.8 DEFINITION OF TERMS

To facilitate understanding of the research report, the following terms are explained.

“Absenteeism is anytime away from schedule work” (Gillies, 1994:283).

For the purpose of this study, absenteeism will refer to Registered nurses who are absent from the work situation either because of deliberate reasons such as authorized vacation leave and reasons beyond control such as ill health.

“Incidence” refers to the number of cases in a specified number of persons over a given period, for example 3-cases in 1000 people in a year (Hull & Isaacs, 1991: 204). For the purpose of this study incidence also refers to the number of Ngwelezane Hospital nursing personnel that absent themselves from work over a given period.

“Nurse” refers to someone specially trained to look after ill or injured people and young children (Slater, 1993: 311). For the purpose of this

study nurse refers to a licensed person who has completed an educational program in nursing and renders health care in preventive, promotive, curative and rehabilitative care. According to nursing act no. 50 of 1978 as amended.

“Stress” refers to the reaction of individuals to demand from the environment that pose a threat to life (Sullivan & Decker, 1992: 201). For the purpose of this study, stress is physical and mental strain caused by workload due to shortage of nurses in the work situation.

1.9 ORGANISATION OF THE STUDY

The research report will be organized as follows:

Chapter one presents the introduction of the study, motivation of the study, statement of the problem, purpose of the study, objectives of the study, significance of the study, definition of the area of study, definition of special concepts used in the study and organization of the report.

Chapter two presents a review of literature that is books, journals and studies pertaining to the incidence of absenteeism among nurses in health service institutions in South Africa and the conceptual frame work of this study.

Chapter Three discusses the research methodology that was used.

Chapter Four discusses the analysis and interpretation of data, and discussion of findings.

Chapter Five reports on findings, conclusions, limitations and recommendations of the study.

1.10 CONCLUSION

In this chapter the introduction to the study was made. The chapter consisted of motivation of the study, statement of the problem, purpose of the study, objective of the study, significance of the study, delimitation of the area of study, definition of terms and concepts and the organization of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents views of various authors on absenteeism of employees from work.

Absenteeism can have a detrimental effect on the work lives of the other nurses. It can create both physical and mental strain. Nurses hurry through meals, work extended hours, abbreviate their interaction with patients and cancel non work activities because they are expected to cover the unit despite their missing colleagues. Even if temporary replacements are called in, the workflow of the unit will still be disrupted, for example, standard institutional procedure may need to be explained to replacement nurses (Sullivan & Decker 1992: 373).

Rhodes & Steers (1990: 5) are also of an opinion that absenteeism is high among group belonging to trade unions. They maintain that this is due to the fact that union members are a threat to their leaders or employees as a result they are not confronted or disciplined after absencing themselves for invalid reasons such as going for shopping on a pay day.

In high prevalence countries such as United States of America, it has been estimated that absence of workers in the work situation causes a

loss of 400 million workdays per year. It is further maintained that in such countries strategies used to control absenteeism are not successful and this affects the economy of the country (Rhodes & Steers, 1990: 6).

Zondi (1998: 8) maintains that absenteeism is more frequent in certain job classification such as enrolled nurses and nursing auxiliaries because of lesser responsibilities attached to them. She further maintains that group working under strict and close supervision frequently absent themselves because of constant supervision which limits their freedom of doing as they like because they are expected to be productive.

Booyens (1993: 342) disagree with Zondi (1998) by stating that the organization with strict and regular control experience less absenteeism than less strict organizations.

Lee & Erikson (1990: 37) are of an opinion that absenteeism appears to be high among nurses because they have less flexibility in their working time and there is more responsibility attached to their work, as a result this result to loss of interest in their work.

2.2 FACTORS THAT CONTRIBUTE TO INCREASED INCIDENCE OF ABSENTEEISM

Literature highlights various factors that contribute to increased incidence of absenteeism.

Illness and accidents

According to Steers, Porter & Bigley (1996: 370), poor health and injury are the primary causes of absenteeism. They maintain that nurses may absent themselves from duties by faking illness, stating that one of the family members is ill or is involved in an accident. They further maintain that failure in identifying false illness is due to the fact that most nurses get sick leave certificates from their family doctors that they pay.

Family responsibilities

Steers, Porter & Bigley (1996: 370) are of the opinion that household activities cause women to be more absent than males. They further state that women have to look after their sick husbands and children, they don't go to work until they (the latter) get better. They also maintain that it is often women's responsibility to attend to school meetings and make a fruitful contribution if required to do so.

LACK OF ACCOMMODATION NEAR THE WORK SITUATION

Lack of accommodation near the workplace contributes to absenteeism among workers. The workers cannot come to work because transport may not be available or has a breakdown and the worker fails to come to work or for reasons such as problems of rain or slippery roads. This then contributes to absenteeism. On rainy days there may be floods and storms and bridges washed away. This may cause absenteeism because nurses will not have transport to work place (Rhodes & Steers, 1990: 54).

LACK OF MOTIVATION TO REPORT TO WORK

Booyens, (1993: 345) maintains that the employee may also lack motivation due to factors such as job dissatisfaction which may be caused by poor working conditions such as long hours of work, overcrowded wards, strained relationships with senior management.

When workers have too little access to the boss, they begin to get the feeling that no one higher up on the ladder really cares about them. They then tend to become intimidated when they feel that someone is constantly controlling them and become demotivated to attend (Daughtrey & Ricks, 1989: 347).

According to Sullivan & Decker (1992: 376) employees, attitude, values and goals can also have a direct effect on attendance motivation. They further maintain that a nurse with high personal work ethics or who has a goal of getting promoted, should be more highly motivated to attend work than a nurse who lacks such work ethics.

STRESS IN THE WORK PLACE

Booyens (1993: 345) maintains that stress is experienced by employees who frequently remain at work whilst others are absent. She also mentions that the remaining worker on the job becomes overloaded with work and becomes physically and mentally stressed. She further maintains that workers eventually lose interest in their work performance and also resort to absenteeism in order to relieve themselves from stress.

Absenteeism due to stress in the work place is supported by Sullivan & Decker (1992: 378), who maintain that absenteeism of nurses from work has been associated with various detrimental effects on hospitalized patients, such as omission of feeding of helpless patients, leaving helpless patients unattended and exposing them to injuries caused by falls. They further state that nurses hurry through meals, work extended hours and abbreviate their interaction with patients in order to complete a bigger workload within specified time. Nurses therefore will omit proper nursing care and leave helpless and bedridden patients unattended.

MONOTONOUS JOB TASKS

Gillies (1994: 287) maintains that a lack of specialization on the job as well as lack of experience will cause nurses to lose interest in their work. She further maintains that nurses who are overburdened with monotonous tasks such as ward routine will neglect specific nursing care and withdraw from the workplace.

2.1.3 THE EFFECTS OF ABSENTEEISM ON PATIENTS

Various authors have indicated that absenteeism of nurses from work situation has detrimental effects on patients, nurses and the institution as a whole, and that it portrays a bad image of the nursing profession to the public.

In order to provide high quality patient care, adequate personnel must be available to the health care units. Staff shortage can lead to patient being neglected. Nurses may have not caused an omission voluntarily but

resulted from shortage of nurses caused by absent colleagues (Gillies, 1994:242).

Patients may experience problems like omission of special treatments such as getting sedation and antibiotics, having investigations like chest X ray and blood specimens, due to unavailability of staff to accompany patients for consultations by specialist physician. Such omissions have a direct effect not only on the patients but to the nurses who may be held responsible by the public and by South African Nursing Council should there be any reported act of omission (Gillies, 1994: 242).

REDUCED INDIVIDUALIZED PATIENT CARE

Nurses may reduce individualized patient care. Patients may not be cared for according to their needs as unique individuals. Nurse patient ratio, which is supposed to be 1:5, may not be considered. Patients may be neglected due to nurses adhering to routine activities and neglecting specific nursing care such as monitoring of blood pressure ½-hourly for patients with hypertension, and Norton scale for patients who are bedridden. Medico legal risk are likely to occur which call for law suits on the part of the nurses and employer. Medico legal risks reflect bad image of the institution and nursing profession to the public (Booyens 1993: 345).

LONG HOSPITALIZATION OF PATIENTS

Armstrong (1995: 790-798) maintains that a high rate of absenteeism among nurses contributes to some nursing activities not being done and this may result to long hospitalization of patients. He further states that

long hospitalization of patients may have psychosocial effects on patients and their families. He also mentioned that the psychosocial effects of absenteeism on patient might result from the fact that the patient who is long hospitalized may lose his employment, and sometimes may be dismissed from work. Long hospitalization of patient may also be uneconomical to the patient especially if admitted in a private hospital as he may be expected to pay large bills resulting from long hospitalization.

2.1.4 THE EFFECTS OF ABSENTEEISM TO THE HOSPITAL

Increased agency expenditure

In cases where the nurse working overtime is unfamiliar with activities of the unit performs errors to the patients, contributing to injury to the body of the patient. The hospital may be sued, and have to pay a large sum of money because of the mistake caused by inexperienced nurses (Gillies 1994: 284).

2.1.5 THE EFFECTS OF ABSENTEEISM ON THE NURSES

It is also maintained that absenteeism does not only affect patients and families but it also affects nurses who are always in the work situation. Some of the effects are discussed below.

LOWERED NURSES' MORALE

The moral of the nurses who are always on duty may be lowered by overwork. A nurse may be from the clinic where there are less complicated machines like ventilators and therefore if allocated in an intensive care unit may find it difficult to operate these machines. She will then be demoralized and resort to absenteeism (Gillies, 1994: 284).

According to Booyens (1993: 350) a replacement worker may be dissatisfied and decide to be absent from work. This will cause a serious staffing problem for the nurse manager. When an employee does not report for work a substitute nurse must be hired to do the job and the quality of work is likely to suffer.

2.1.6 STRATEGIES FOR REDUCING THE INCIDENCE OF ABSENTEEISM

The incidence of absenteeism among nurses has motivated various authors to develop some strategies aimed at reducing absence from work. The following strategies are discussed:

THE IMPROVEMENT OF NURSES' MORALE

The moral of the 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. Nurses who replace those who are absent must receive a special training or orientation for those units on which they are going to be allocated to, for example, a person who is going to relieve in intensive care unit must be orientated in intensive care (Rhodes & Steers, 1990: 73).

IMPROVEMENT OF TRANSPORTATION FOR NURSES

There should be co-ordination of work hours with public transport so that transport is able to transport nurses to hospital in such a way that they are not absent from work. Nurses must use alternative transport available which is less expensive such as taxis and buses used by the public instead of private hired minibus taxis that are expensive so that

nurses do not absent themselves from work (Rhodesia & Steers, 1990: 72).

ESTABLISHING DAY CARE CENTRES FOR NURSES' CHILDREN

An employer should suggest day care centres to employees within the hospital premises or nearer the hospital. These care centres will reduce absenteeism because it will be available within reach and nurses will not leave patients early in order to fetch their children from care centres that are away from the hospital or even absent themselves from work (Rhodes & Steers 1990: 73).

PROVISION OF FREE HEALTH CARE SERVICES FOR NURSES

Free health care services for nurses may be another method to reduce absenteeism caused by fake illness and travelling longer distance for medical check up. These free health care services should be made available at the hospital where nurses are working. Free health care services are reasonable in terms of transport because they are within the hospital. The nurses who are sick will be attended to and given sick leave certificate if required (Gillies, 1994: 244).

IMPLEMENTATION OF ABSENTEEISM POLICIES BY MANAGEMENT

The management is responsible for implementation of absenteeism policies, aimed at minimizing absenteeism in most institutions. At Ngwelezane Hospital the absenteeism policy is classified into four sections, namely:

Section 1: absence due to sickness

Section 2: Absence due to other reasons

Section 3: Failure to report absence from work

Section 4: Guidelines on vacation leave booking

Objectives of the policy

The objectives of Ngwelezane absenteeism policy are:

To reduce absenteeism

To control staff

To enable replacement of staff

To prevent irregularities in vacation leave grants in the year 2000.

Section 1: Absence due to sickness

The objectives of this section of the policy are:

Objectives

To reduce absenteeism

To control staff

To enable replacement of staff

Directives

This section stresses that:

A person shall report absence from duty before 07h00 of the said day. She/he may report in person, by messenger, by telephone or in writing before seeing the doctor.

If no report has been received by 08h00, the sister in charge shall report to Zonal Matron.

After seeing the doctor the worker shall submit sick report within 24 hours before 08h00 the following day:

On return, the worker shall report to the professional nurse then report to out patient department to complete sick leave forms.

Section 2: Absence due to other reasons

This section indicates that the worker shall report to personnel matron by telephone and get authority for absence.

On return she shall report to the professional nurse in charge then to personnel to complete special leave forms.

Section 3: Failure to report absence from work

This section states that:

The professional nurse in charge complete absenteeism forms, and the worker on arrival will be counseled and made to sign the absenteeism form.

The absent worker will also sign leave forms without pay.

Section 4: Guidelines on vacation leave booking

Objectives

The objectives of the guidelines are:

To prevent irregularities in vacation leave grants.

Directives for leave guidelines

On this section of the policy, it is stated that all staff shall check names on the leave roster and report to the Zonal Supervisor. If the name of the worker does not appear, changes shall be negotiated through the Zonal Supervisor to assistant Director Personnel per written request.

Staff discovered not to be on leave roster will be fitted on the monthly roster that has fewer people after the 9th of December of every year.

Application for leave forms shall be completed 15 days before the commencement of the leave and submitted to the Zonal Supervisor.

2.1.7 CONCLUSION

Literature review indicated that nurses do absent themselves from work due to various reasons, which sometimes are reasonable and or unreasonable. It is also pointed out that nurses' absenteeism from work has serious consequences on the patient and his family, to the hospital management, the public and to the nurse as well. It is also maintained that policies for controlling absenteeism should be planned and implemented.

2.2 CONCEPTUAL FRAMEWORK

Roy's adaptation theory

The study was guided by Roy's adaptation conceptual framework.

According to Roy, adaptation represents the adaptive system of a person which has inputs of stimuli and adaptation level, outputs as behavioural responses that serve as feedback and control processes known as coping mechanisms (George, 1995: 254).

Roy maintains that the adaptive system of a person has input coming from an external environment as well as from the person. She identifies the inputs as stimuli and adaptation level. Roy further conceptualizes stimuli and adaptation level into focal, contextual, and residual stimuli. She maintains that the stimulus most immediately confronting a person is the focal stimulus, to which the person must make adaptive responses, and the factor that precipitates the behaviour (George, 1995: 254).

Roy, states that a person's adaptive level is a constantly changing point which requires one to respond with ordinary adaptive responses (Marriner, 1986: 299).

According to Roy, the range of response is unique to the individual as each person's adaptive level is constantly changing (George, 1995: 254). According to Roy, outputs (behavioral responses) can be both external and internal, and can be observed, intuitively perceived, measured and subjectively reported by a person. Roy further classifies outputs of the system as either adaptive responses or ineffective responses. She maintains that adaptive responses are those that promote the integrity of the person and ineffective responses as those responses that do not contribute to adaptive goals that is, survival, growth, reproduction and mastery (George, 1995: 225).

Roy views a person as an adaptive system that possesses coping or control mechanisms called the regulator and the cognator. The regulator is a subsystem's coping mechanism that responds automatically through neural, chemical and endocrine processes. A cognator is a subsystem coping mechanism that responds through complex processes of perception and information processing, learning, judgement and emotion (Marriner, 1986: 299).

Roy maintains that the assessment of behaviour that results from the regulator and cognator mechanism responses can be through four adaptive modes that is, physiologic, self concept, role function, and interdependence (George, 1995: 255).

George (1995: 262) maintains that Roy's adaptation model offers guidelines to the nurse in application of the nursing process which includes such elements as assessments of behavior, assessment of stimuli, nursing diagnoses, goal setting, intervention and evaluation.

Application to the study

Roy's adaptation model is applicable to the study on incidence of absenteeism as an effect of work related stress.

In relation to Roy's adaptation model stress at work is viewed as a focal stimulus that immediately confront registered nurses to which they must make adaptive responses. Work related stress is therefore viewed as the factor that precipitates the behaviour.

In this study the precipitated behaviour is absenteeism at work. Since in this study absenteeism has serious consequences to the patient, the nursing profession, the institution and the public at large, intervention or control of absenteeism behaviour is needed. Control of absenteeism behaviour can only be undertaken by authorities in charge of the health service institutions that must follow Roy's adaptation guidelines of the nursing process.

The absenteeism behavioral assessment of the registered nurses must be undertaken. Responses or output behaviours of each registered nurse as an adaptive system will be assessed in relation to physiological self-concepts, role function and interdependence. The authorities of the institutions through the processes of observation, careful measurement and skilled interview techniques will gather the information related to

behaviour. Assessment of registered nurses on individual bases in each of the four adaptive modes will assist in clarifying the focus that the employers of nurses will take in minimizing or controlling absenteeism.

After assessing registered nurses absenteeism behaviour the employers will make assessment of internal and external stimuli that may be affecting behaviour. This process will assist in clarifying the cause of absenteeism problem and identifies the significant contextual and residual factors that contribute to absenteeism behaviour.

Roy's model helps the nurse administrators in making specific decisions about what actions to take in order to control absenteeism. They can see strategies such as rewarding good performance, increasing staff establishment and encouraging staff development that will influence the adaptation of a person (George, 1995: 276).

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter, research design, target population, sampling and sample size, research tool, pilot study and ethical consideration will be discussed.

3.2 RESEARCH DESIGN

3.2.1 METHOD OF DATA COLLECTION

A descriptive study was conducted. This method was selected because the study attempted to describe the incidence, the factors that contributed to absenteeism and the effects of absenteeism on patient and nurses.

According to Treece & Treece (1986: 209) a descriptive survey research is used to discover the causal relationship to provide precise quantitative description and to observe behaviour of the group chosen for the study. It also provides critical examination of a multitude of research situation.

The rationale involved in choosing this descriptive approach was that the researcher wanted to explain and describe the incidence of absenteeism among nurses and to describe the factors that contribute to absenteeism as well as effects of absenteeism on patient and nurses.

3.3 TARGET POPULATION

The target population was registered nurses practicing at Ngwelezane Hospital. The target population consisted of 200 registered nurses from all units.

3.4 SAMPLING AND SAMPLE SIZE

Convenience sampling was undertaken from the existing number of targeted units at Ngwelezane Hospital. All two hundred registered nurses were included in the sample.

The sampling method chosen for this study was the convenience sampling which permitted the use of the most readily available or most convenient group of the respondents (Polit of Hungler, 1991: 257).

3.5 DATA COLLECTION INSTRUMENTS

Two data collection instruments were used. Personnel records and structured interview schedule.

3.6 Preparation for collection of data

Before the actual collection of data, the researcher undertook to arrange a meeting with Deputy Director in charge of the hospital where registered nurses were working. The purpose of the meeting was to explain the nature of the project and its significance to the institution and to request permission for unit professional nurses to be questioned during hours of duty.

3.6.1 PERSONNEL RECORDS

Personnel records of all registered nurses working at Ngwelezane Hospital were reviewed. The researcher reviewed records of personnel from each unit in order to identify the number of registered nurses who absent themselves from work and the reasons recorded for absenteeism. The researcher was successful in collecting records and managed to get necessary information for three weeks.

3.6.2 STRUCTURED INTERVIEW SCHEDULE

The structured interview schedule was for determining the factors that contributed to absenteeism as well as the effects of absenteeism on patients and nurses as viewed by the respondents. A structures interview schedule consisting of closed and open-ended questions were formulated. There were 200 copies of structured interview schedule. No problems were encountered during the handling of an interview since the researcher did the interview herself. She took 30 minutes per respondent and she wore a uniform in order to create a relaxed environment during an interview. The researcher managed to collect data within four weeks. The interviews were conducted in English.

The respondents were interviewed individually in a private room. This was done after the researcher had done some explanation of the nature of the project.

3.7 PILOT STUDY

The pilot study was conducted at Ngwelezane Hospital in one department on five (5) registered nurses. Their records were reviewed, and registered nurses were interviewed. These respondents did not form part of the main study. The pilot study was aimed at testing the validity and reliability of the instrument.

A pilot study is necessary as it assesses the adequacy of the data collection plan (Polit & Hungler, 1991: 62). It enables the researcher to make improvements where necessary before the principal study is done.

Some alternatives were recommended in section three of the interview schedule. Few questions were restructured, as respondents for pilot study seemed to encounter problems with them. The instrument was then refined before being administered for the main study.

3.8 ETHICAL CONSIDERATION

Permission for conducting a research study was obtained from the authorities in charge of the institution. Informed consent was obtained from registered nurses whose confidentiality and anonymity was ensured by not writing the participants' name on the interview schedule. They were also assured that their participation was free, and that they had an option not to participate. They were informed that the results would be made accessible to them.

3.9 CONCLUSION

In this chapter, the researcher has reported on the research methodology. The descriptive study method was used for collection of data. The structured interview schedule and review of nurses records were used for collecting data.

CHAPTER 4

DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents analysis and interpretation of data, gathered from respondents and their records.

SECTION I:

DEMOGRAPHIC DATA

GENDER DISTRIBUTION

The gender was investigated in order to ascertain whether the sample represented both males and females, equally.

Table 1 Gender Distribution N = 200

SEX	NUMBER	PERCENTAGE
Female	190	95
Male	10	5
Total	200	100

Table 1 indicates that 190 (95%) of the respondents were females. This shows that nursing profession is more female dominant. It suggests that the results are biased because the information were obtained mainly from

female registered nurses, as they are forming the larger size of the sample.

Age Distribution

The study sought to establish different age groups forming the sample.

Table 2: Age Distribution N = 200

AGE DISTRIBUTION	NUMBER	PERCENTAGE
20 - 29	10	5
30 - 39	54	27
40 - 49	80	40
50 - 59	56	28
Total	200	100

Table 2 reveals that 80 (40%) of the respondents were between the age of 40 – 49 years. This age group is generally considered to be matured responsible and accountable adults who may not absent themselves from work. They may be nurses who long been in the work situation, and grown-up adults with experience at work.

Residential Areas

The importance of including this item was to establish the number of registered nurses who reside in areas that may contribute to nurses' absenteeism.

Table 3: Residential area N = 200

RESIDENTIAL AREA	NUMBER	PERCENTAGE
Rural	50	25
Urban	24	12
Peri-Urban	116	58
Informal settlement	10	5
Total	200	100

Table 3 shows that 116 (58%) of the registered nurses were residing in the peri-urban area which implies that there may be lesser absenteeism rate because this group of nurses was residing nearer the work place.

Category of professional nurses

The inclusion of the item on category of Professional Nurses in the study was to establish the categories of registered nurses that constituted the sample.

Table 4: Category of Professional Nurses N=200

CATEGORY OF PROFESSIONAL NURSE	NUMBER	PERCENTAGE
Chief Professional Nurses	100	50
Senior Professional Nurses	54	27
Professional Nurses	46	23
Total	200	100

Table 4 indicates that 100 (50%) of the respondents were Chief Professional Nurses. This suggest that Ngwelezane hospital may not experience high rate of absenteeism as there are more Chief Professional Nurses who are in supervisory positions and expected to be responsible and accountable and role model in dedication to duty.

EXPERIENCE IN YEARS

Experience in years was to identify the experience of registered nurses who formed the sample.

Table 5: Experience in years N = 200

EXPERIENCE IN YEARS	NUMBER	PERCENTAGE
1 – 5 years	56	28
6 – 10	42	21
11 – 15	40	20
16 – 20	32	16
21 and above	30	15
Total	200	100

Table 5 shows that 56 (28%) of the respondents were between the age of 1-5 years. This may suggest that they may be interested in work and not absent themselves from work or may not be interested in work and absent themselves.

SECTION 2: INFORMATION ON ABSENTEEISM OBTAINED FROM RECORDS

This section presents the information on registered nurses absenteeism obtained from records.

Records of 200 professional nurses working at Ngwelezane Hospital were reviewed for absenteeism. The records revealed the number of nurses who were absent from January to December 1999. The results are as shown in table 6:

Table 6: The number of Registered Nurses absent from departments during January to December 1999 N = 200

Year 1999 Months	Number of Registered Nurse	Number of Registered Nurse Absent	PERCENTAGE
January	200	98	49
February	200	50	25
March	200	88	44
April	200	109	55
May	200	89	45
June	200	100	50
July	200	107	54
August	200	82	41
September	200	83	42
October	200	75	38
November	200	70	35
December	200	66	33

Table 6 indicates that out of 200 (100%) respondents, 109 (55%) were absent in April 1999, probably this was due to the fact that April has Easter Holidays and some nurses request to be on vacation leave. Vacation leave is regarded as being absent from duty.

Records were further reviewed to determine the number of Registered nurses absent due to ill health from January to December 1999. Each category of Registered nurses records were reviewed separately. Figure 1 reflects the category of Chief Professional nurses absent.

Figure 1: Number of Chief Professional Nurses absent because of illness from January to December 1999: N = 100

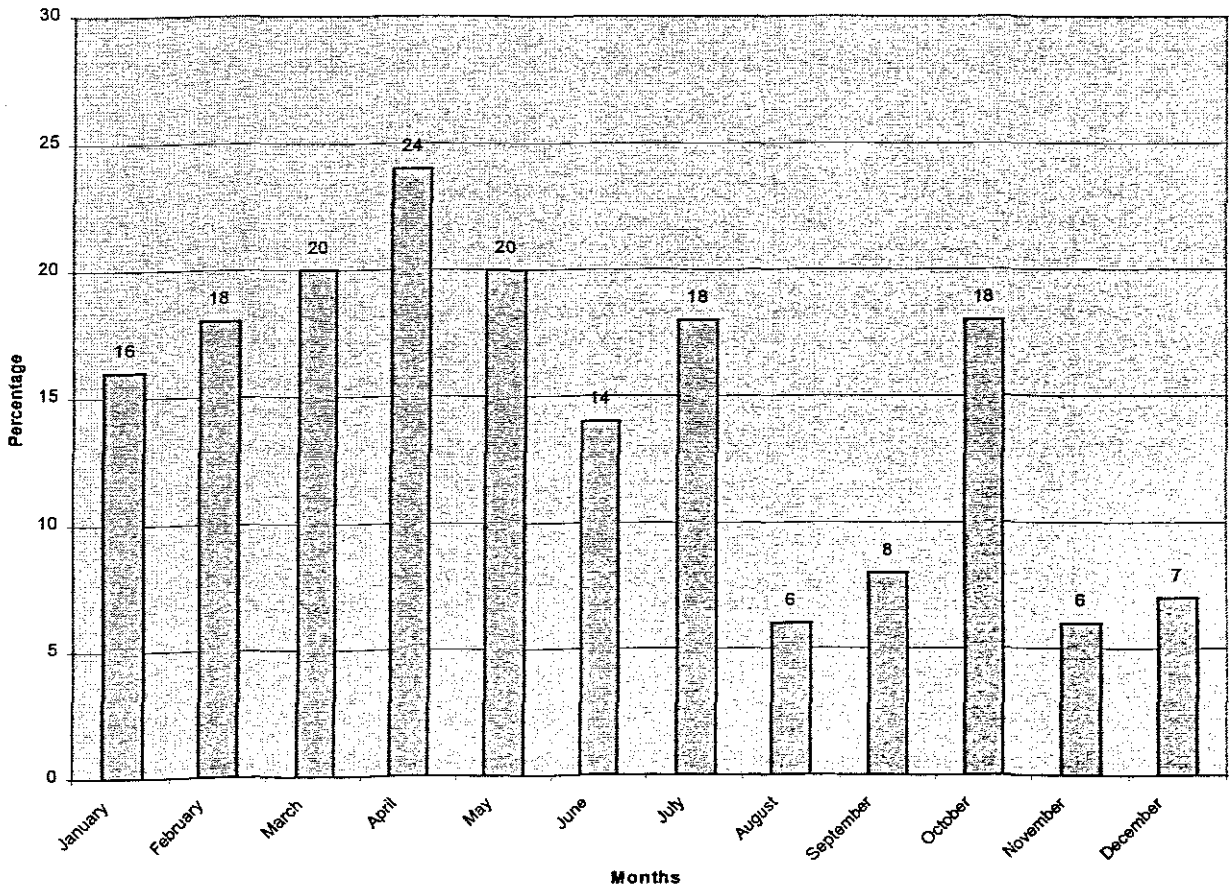


Figure 1 indicates that out of 100 (100%) Chief Professional Nurses, 24 (24%) were absent because of illness in April 1999. This suggests that the rate of absenteeism among Chief Professional Nurses was low in April 1999.

Figure 2: Number of Senior Professional Nurses absent because of illness from January to December 1999: N = 54

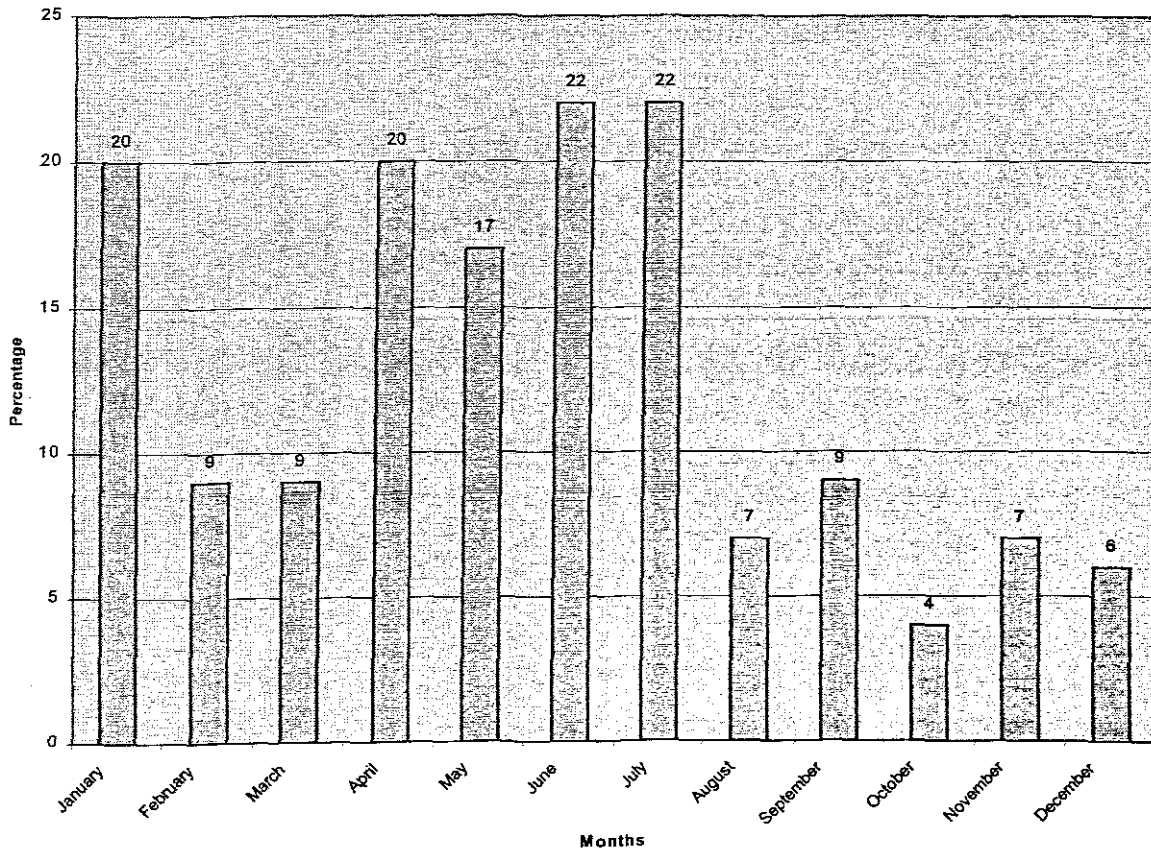


Figure 2 reflects that out of 54 (100%) Senior Professional Nurses, 12 (22%) were absent because of illness in June and July 1999. This suggests that the rate of absenteeism among senior professional nurses appeared to be low although one could expect it to be high because of cold weather, which could be due to upper respiratory tract infection.

Figure 3: Number of Professional Nurses absent because of illness from January to December 1999 N = 46

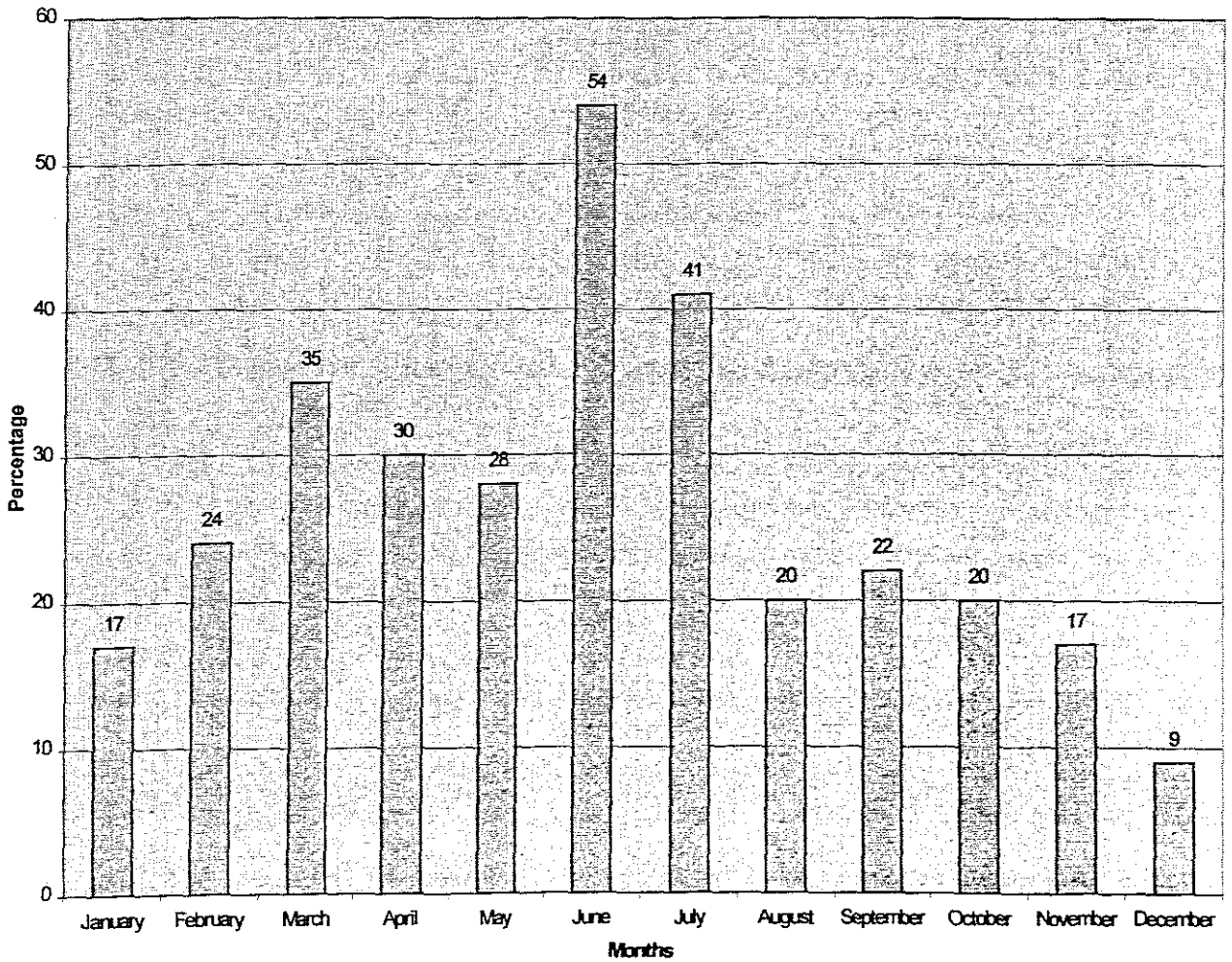


Figure 3 indicates that in June 1999, out of 46 (100%) of Professional Nurses, 25 (54%) were absent because of ill health. This suggests that the rate of absenteeism among Professional Nurses was high probably due to cold weather, which might cause upper respiratory tract infection.

Number of Registered Nurses on Vacation leave from January to December 1999.

Records of absenteeism caused by vacation leave between the period of January to December 1999 were further reviewed. Each category of Registered Nurses records were reviewed separately. Figure 4 reflects the category of Professional Nurses absent due to vacation leave taken from January to December 1999.

Figure 4: the number of Chief Professional Nurses who were on vacation leave from January to December 1999 N=100

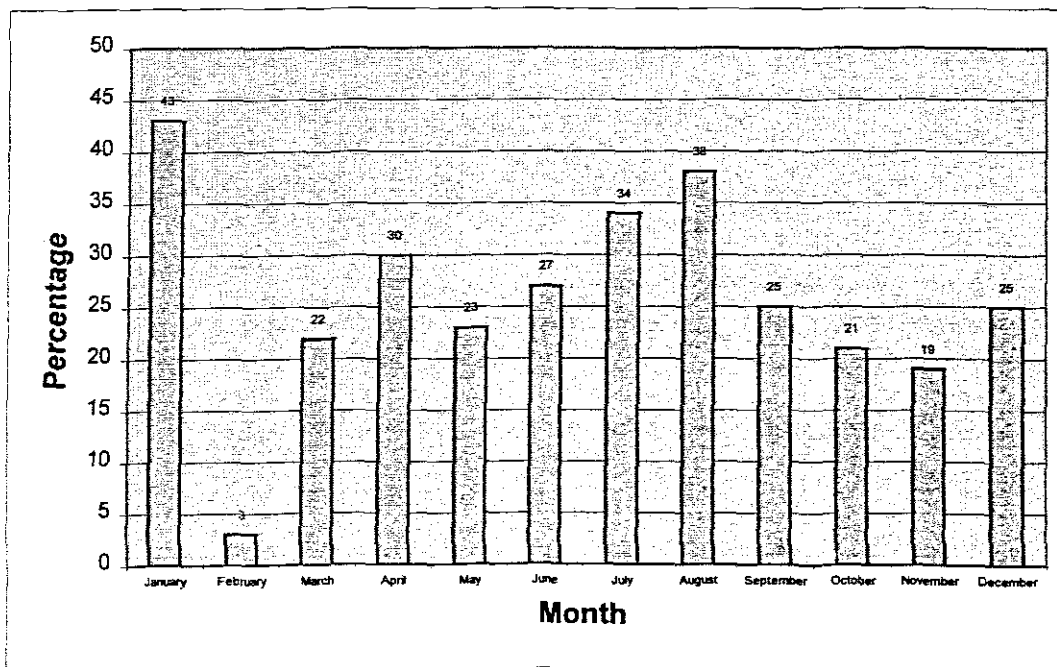


Figure 4 indicates that out of 100 (100%) Chief Professional Nurses, 43 (43%) were absent in January 1999 because they were on vacation leave. This suggest that the rate of absenteeism was low although seem to be high as compared to other months probably due to vacation leave

taken in January where parents accompany their children to school for registration.

Figure 5: Number of Senior Professional Nurses on vacation leave from January to December 1999: N = 54

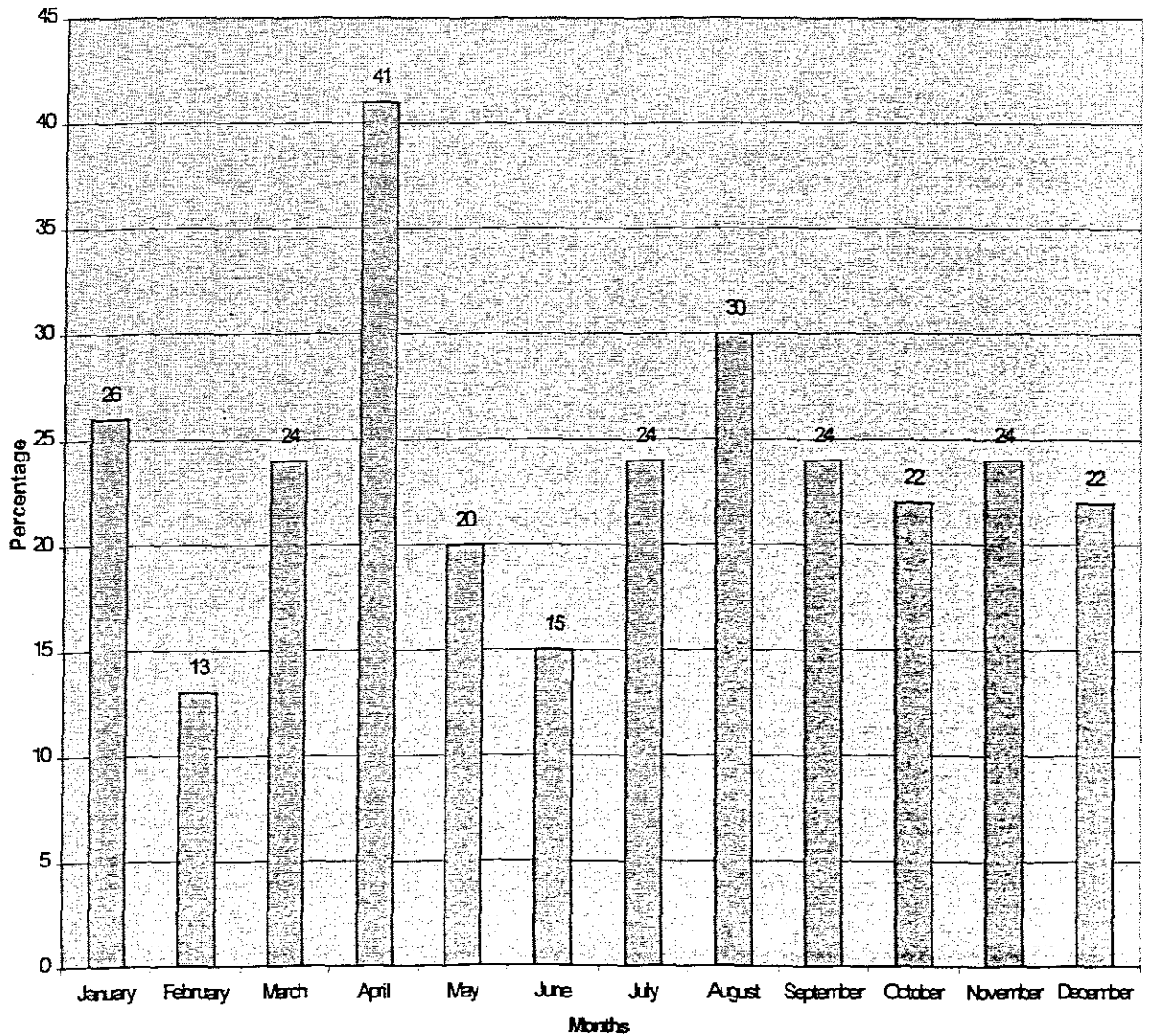


Figure 5 indicates that out of 54 (100%) Senior Professional Nurses were on vacation leave. This suggests that the rate of absenteeism was less because 41% of Senior Professional Nurses were granted vacation leave.

Figure 6: Number of Professional Nurses on vacation leave from January to December 1999 N=46

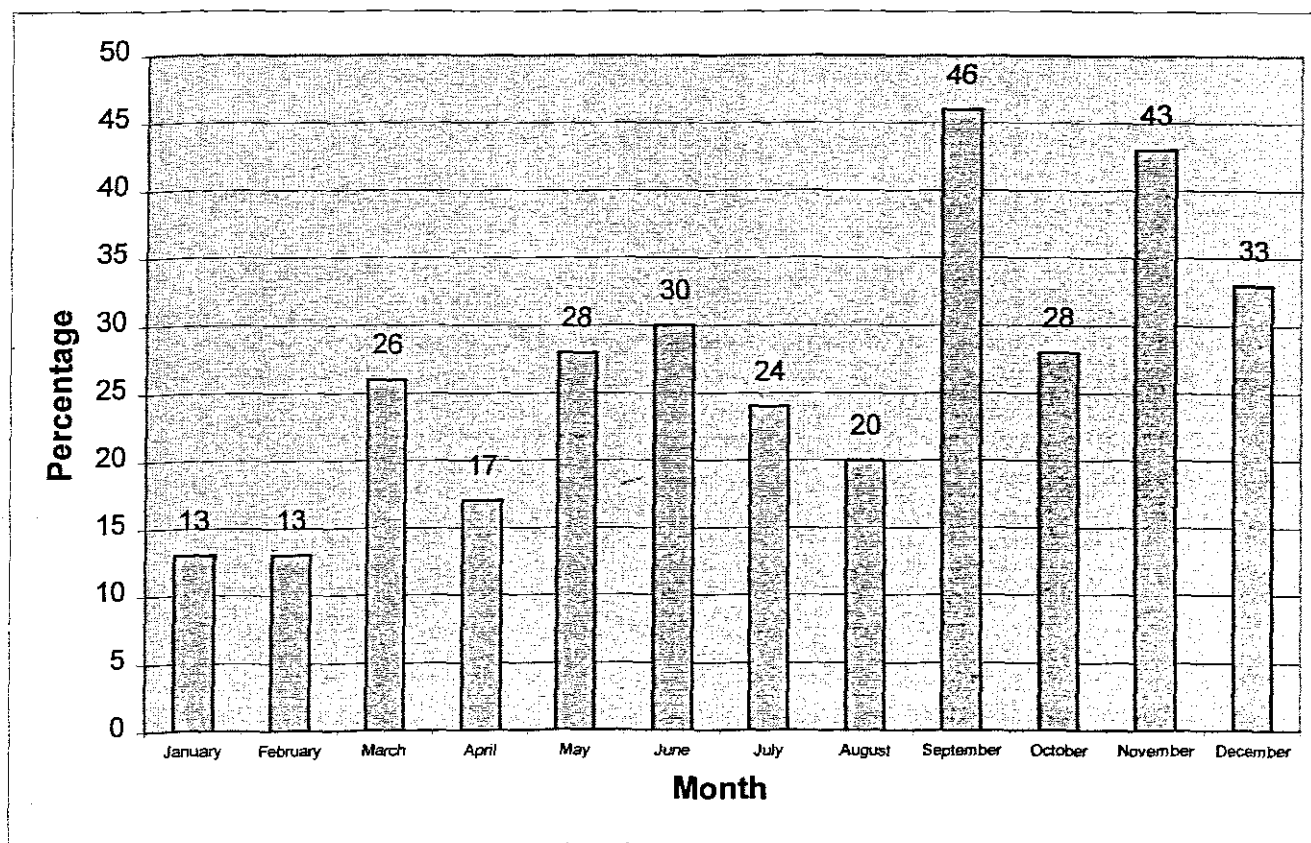


Figure 6 indicates that out of 46 (100%) Professional Nurses, 21 (46%) were absent in September 1999 because they were on vacation leave. This suggests that the rate of absenteeism was high as compared to other months, probably due to holidays where parents want to be with their children at home.

Periods during which the incidence of absenteeism was high in each category: from January to December 1999.

Records were reviewed to check each period during which each category of Registered Nurses were absent. The periods were classified into weekends, public holidays and paydays.

Table 7: Period during which the incidence of absenteeism was high among chief professional nurses from January to December 1999: N = 100

PERIOD	NUMBER	PERCENTAGE
Weekends	35	35
Public Holidays	46	46
Paydays	19	19
Total	100	100

Table 7 indicates that out of 100 (100%) Chief Professional Nurses 46 (46%) were absent during public holidays. This suggests that the rate of absenteeism was low.

Table 8: Period during which the incidence of absenteeism was high among senior professional nurses: January to December 1999: N = 54

PERIOD	NUMBER	PERCENTAGE
Weekends	16	30
Public Holidays	17	31
Paydays	21	39
Total	54	100

Table 8 indicates that out of 54 (100%) of senior professional nurses 21 (30%) were absent during paydays. This suggests that the rate of absenteeism was low probably due to the fact that nurses were paid on different days.

Table 9: Period during which the incidence of absenteeism was high among Professional Nurses: January to December 1999: N=46

PERIOD	NUMBER	PERCENTAGE
Weekends	14	30
Public Holidays	15	33
Paydays	17	37
Total	100	100

Table 9 indicates that out of 46 (1001%) professional nurses 17 (37%) were absent during paydays. This suggests that the rate of absenteeism was low probably due to the fact that nurses were paid on different days of the month.

Reason for being absent

Reasons for being absent were reviewed from records from January to December 1999, in order to identify whether stress related reasons were reflected. The following information was obtained.

Table 10: Reasons for being absent : N = 200

REASONS FOR BEING ABSENT	FREQUENCY	PERCENTAGE
Illness	34	17
Vacation leave	73	36.5
Compensation leave	15	7,5
Maternity leave	7	3,5
Study leave	12	6
Examination	11	5,5
Family responsibility	28	14
No message	20	10
Total	200	100

Table 10 revealed that out of 200 (100%) of the Registered Nurses, 73 (36.5%) were on vacation leave. This suggests that the rate of absenteeism due to vacation leave was low probably due to the fact that vacation leaves are planned and spread evenly throughout the year.

SECTION 3: REGISTERED NURSES RESPONSES ON ABSENTEEISM OBTAINED FROM THE INTERVIEWS.

Apart from registered nurses records, responses on absenteeism were obtained from interviews conducted on 200 registered nurses. Interviews were conducted to get factors contributing to absenteeism to determine whether Registered Nurses will give factors that are work related, and also to get responses of registered nurses on what they think are the effects of absenteeism. Their opinions on how absenteeism should be minimized were also investigated.

The contributory factors to absenteeism

Before requesting Registered Nurses to respond on factors contributing to absenteeism, it was necessary to investigate whether they feel that absenteeism is a problem at Ngwelezane Hospital. They were therefore requested to indicate whether they were aware that absenteeism is a problem.

When 200 respondents were requested to state whether they were aware of absenteeism of registered nurses at Ngwelezane hospital, the response was as follows:

Table 11: Awareness of absenteeism by nurses at Ngwelezane Hospital: N=200

AWARENESS OF ABSENTEEISM BY NURSES	NUMBER	PERCENTAGE
Yes	94	47
No	106	53
Total	200	100

Table 11 reflect that 106 (53%) of the respondents stated that they were not aware of absenteeism.

This suggests that the rate of absenteeism is low hence the high number of registered nurses is unaware of the number of nurses absent from work.

Factors that contribute to absenteeism

Registered nurses were also requested to state the factors that contribute rate of absenteeism in order to identify stress related factors. The responses were as follows:

Table 12: Factors that contribute to absenteeism: N = 200

CONTRIBUTORY FACTORS	NUMBER	PERCENTAGE
Illness	66	33
Sick child or husband	40	20
Heavy rains	30	15
Job dissatisfaction	10	5
Attending to school meetings	10	5
Lack of transport	10	5
Lack of accommodation	30	15
Lack of motivation	4	2
Total	200	100

Table 12 reveals that out of 200 (100%) respondents, 66 (33%) stated that one of the factors contributing to absenteeism is illness. Very few nurses indicated that work related stress factors as contributing to absenteeism, for an example, 10 (5%) stated job dissatisfaction and 4 (2%) indicated lack of motivation as contributing to absenteeism. Job dissatisfaction and lack of motivation are work related stress factors. The results suggest that work related stress at Ngwelezane Hospital may not be associated with absenteeism or it may suggest that Registered Nurses did not want to reveal work related stress factors.

Effects of absenteeism

Registered nurses were further requested to indicate the effect of absenteeism. Their response indicated that absenteeism has an effect on the nurses themselves, patients and hospital.

The effects of absenteeism on patients

Registered nurses revealed that absenteeism has the following effects on patients.

Table 13: The effects of absenteeism on patients: N = 200

EFFECTS OF ABSENTEEISM ON PATIENTS	FREQUENCY	PERCENTAGE
Omission of patients treatments	60	30
Long hospitalization of patients	10	5
Patients abandoned by nurses during lunch times	20	10
Reduced individualized patient care	10	5
Neglect of helpless patient	30	15
Pinching and beating of helpless patients	20	10
Patient left in hot baths and get burnt	10	5
Injury caused by falling out of bed	20	10
Verbal abuse of confused patients	20	10
Total	200	100

Table 13 reveals that out of 200 (100%) respondents, various responses on patients were verbalized by different respondents. Sixty respondents 60 (30%) stated that absenteeism can lead to omission of patients treatment: thirty 30 (15%) indicated that absenteeism may lead to neglect of helpless patients. Twenty 20 (10%) stated that injury to patients by falling out of bed may occur.

Since the results indicate that there is low incidence of absenteeism at Ngwelezane Hospital, the effects of absenteeism on patients are also low.

Effects of absenteeism on nurses

Registered nurses were further requested to state the effects of absenteeism on nurses. The responses were as follows:

Table 14: Effects of absenteeism on nurses: N = 200

EFFECTS OF ABSENTEEISM ON NURSES	FREQUENCY	PERCENTAGE
Failure to cope with work	20	10
Strained relationship	60	30
Lack of autonomy	30	15
Lowered nurses morale	30	15
Job dissatisfaction	10	5
Nurses disciplined when omitting patient's treatment	20	10
Nurses are overloaded with work	30	15
Total	200	100

Table 14 indicates that various responses were given by Registered Nurses on the effects of absenteeism by nurses. Out of 200 (100%) respondents 60 (30%) stated that the effects of absenteeism was strained relationship among registered nurses; thirty 30 (15%) indicated that absenteeism lowered nurses morale and 30 (15%) indicated that nurses were overloaded with work. This suggests that absenteeism affect Registered Nurses in various ways depending on the individual's response on absenteeism.

Effects of absenteeism in the hospital

Registered nurses were further requested to state the effects of absenteeism in the hospital. Their responses were as follows:

Table 15: Effects of absenteeism in the hospital

EFFECTS ABSENTEEISM ON THE HOSPITAL	FREQUENCY	PERCENTAGE
Hospital subjected to law suits	50	25
Bad publicity by media	50	25
Bad reputation to the public	100	50
Total	200	100

Table 15 reveals that out of 200 (100%) of the respondents, 100 (50%) stated that absenteeism will give bad reputation of the hospital to the public. This suggests that the hospital may have bad reputation to the public as a result of Registered Nurses' absenteeism.

Availability of policy controlling absenteeism

Registered nurses were further requested to state whether there was a policy for controlling absenteeism. The aim was to determine whether nurses are aware of the policy controlling absenteeism. Out of 200 (100%) of the respondents, 120 (60%) stated that the policy for controlling absenteeism was available. Eighty 80 (40%) indicated that there was no policy for controlling absenteeism. This suggests that policy controlling absenteeism was available to some of the units and not to other units and that could be the reason for the respondents for not being aware of the policy.

The 120 registered nurses (60%) who stated that the policy for controlling absenteeism was available, were further requested to indicate the content of absenteeism policy.

Table 16: The content of absenteeism Policy: N=120

CONTENT OF ABSENTEEISM POLICY	FREQUENCY	PERCENTAGE
Nurses to Produce a sick note	80	66,6
Nurses to get full paid sick leave	60	50
Signing of absenteeism report	60	50

*** Respondents were free to give more than one response.**

Table 16 revealed that out of 120 (100%) of the respondents 80 (40%) stated that the policy required that nurses produce a sick note for absence justification; sixty (60) (30%) stated that nurses were given a full paid sick leave. This means that sick leave was compensated and allowed. And sixty 60 (30%) stated that the signing of absenteeism report was required.

Nurses' opinions requested on the effectiveness of the policy controlling absenteeism

The 120 (60%) registered nurses who stated that the policy for controlling absenteeism was available were further requested to indicate the effectiveness of the policy. The response was as follows:

Table 17: Nurses' opinions on the effectiveness, of the policy controlling absenteeism: N = 120

NURSES OPINIONS ON EFFECTIVENESS OF THE POLICY	FREQUENCY	PERCENTAGE
Yes	120	60
No	0	0
Total	120	100

Table 17 reveals that, 120 (100%) nurses stated that the policy for controlling absenteeism was effective. This suggests that the policy was implemented in some of the unit and people understand its content.

The effectiveness of absenteeism policy

One hundred and twenty (120) (100%) registered nurses who stated that the absenteeism policy was effective were further requested to state the factors that indicate effectiveness of absenteeism policy. The response were as follows:

Table 18: The effectiveness of absenteeism policy: N = 120

EFFECTIVENESS OF ABSENTEEISM POLICY	FREQUENCY	PERCENTAGE
Rate of absenteeism decreased	90	75
Absenteeism report rarely signed	60	50
Sick notes still produced	50	41,6

***Respondents were free to give more than one answer**

Table 18 reveals that out of 120 (100%) respondents 90 (75%) stated that the rate of absenteeism has decreased; sixty (60) (50%) stated that absenteeism report was rarely signed and fifty 50 (41,6%) indicated that sick notes were produced. This suggests that a high number of

registered nurses that was 120 (60%) were aware of the effectiveness of absenteeism policy.

Nurses' opinions on strategies of minimizing absenteeism

Registered nurses were further requested to state their opinion on the strategies that they feel could be implemented to minimize absenteeism.

The following responses were given:

Table 19: Nurses opinions on strategies of minimizing absenteeism: N=200

OPINIONS ON STRATEGIES OF MINIMIZING ABSENTEEISM	FREQUENCY	PERCENTAGE
Rewards given on good work done	60	30
Orientation on the job	10	5
Work load distributed evenly to all nurses	10	5
Increase staff establishment	80	40
Child care centres to be available near the workplace	5	2.5
Free health services	5	2.5
Non punitive absenteeism policy	10	5
Encourage staff development	20	10
Total	200	100

Table 19 reveals that out of 200 (100%) of the respondents 80 (40%) stated that increasing staff establishment at the hospital could be a strategy to minimize absenteeism. Another 60 (30%) of the respondents stated that they feel a reward should be given for good work done. This suggests that nurses will be motivated to attend probably if given rewards for good work done.

4.2 DISCUSSION OF FINDINGS

4.2.1 SAMPLE REALIZATION

The sample consisted of the following characteristics.

4.2.2 GENDER DISTRIBUTION

The findings revealed that out of 200 respondents (100%), 190 (95%) were females and only 10 (5%) were males. This then shows that nursing profession is female dominant. This probably results from the fact that males are therefore still very interested in nursing whereas Nightingale wanted only women to teach themselves nursing (George 1995: 35).

4.2.3 AGE DISTRIBUTION

The study revealed that out of 200 respondents (100%), 80 (40%) were between the age of 40-49 years. This age group is generally considered to be matured, responsible and accountable adults who may not absent themselves. However literature reveals that absenteeism is high among middle age women (40-49 years) because of problems encountered during pregnancy, breast-feeding and child rearing years. Miller & Norton (1986: 38) support the findings. In contrast, Gillies (1984: 285), and Rhodes & Steers (1990: 6) highlight that absenteeism is high among younger and older workers than among middle aged workers. They maintain that teenage workers consistently have the higher absence rate because of non-work activities in their lives and older women absent themselves because of ill-health.

4.2.4 RESIDENTIAL AREAS

The results revealed that out of 200 respondents (100%), 116 (58%) were residing in the peri-urban area. This indicated that there may be lesser absenteeism from registered nurses and they may not absent themselves because the peri-urban area is nearer the hospital and transport is readily available. The findings are supported by Rhodes & Steers (1990: 54), who maintain that only workers who stay away from the work place may experience high rate of absenteeism. This may be due to walking long distance to work which is the some, or transport may be late or may not be available thus delay the worker from attending work on time. They further maintain that on rainy days there may be floods and storms and bridges washed away, and people staying far from the hospital may be absent.

4.2.5 CATEGORY OF REGISTERED NURSES

The result of the study revealed that the sample consisted of 100 (50%) of Chief Professional Nurses; fifty-four (27%) Senior Professional Nurses; and forty-six (23%) Professional Nurses. The study therefore indicates that there are more Chief Professional Nurses 100 (50%) at Ngwelezane Hospital. This category holds supervisory positions, and incumbents are expected to be role models, this is probably why the incidence of absenteeism was low.

4.2.6 EXPERIENCE IN YEARS

The results reveal that out of 200 (100%) respondents 56 (28%) had an experience ranging between 1-5 years. This category of nurses is newly

qualified, which indicates that there is a probability of showing interest or lack of interest in the work situation, therefore one may not judge absenteeism on the basis of experience in years.

4.2.7 FINDINGS OF THE STUDY

4.2.7.1 Incidence of absenteeism as reflected on Registered Nurses' records

The results of the study indicated the following incidences of absenteeism as reflected on records:

High incidence of absenteeism among registered nurses in April 1999.

The results of the study revealed that there was a high incidence of absenteeism.

4.2.8 Factors that contribute to absenteeism as revealed by respondents' records, and interview responses

Respondents' records and interview responses revealed two factors as contributing to absenteeism, that is, illness and vacation leave.

4.2.8.1 Illness

Respondents' records revealed that June 1999 was the period where the category of Professional Nurses was the only one with a high rate of absenteeism due to illness. Out of 46 (100%) Professional Nurses, 25 (54%) were absent. These findings are supported by Gillies (1994: 286) who maintains that absenteeism rate is lower for staff with greater

seniority. She further maintains that supervisors and head nurses have less absenteeism than staff in lower positions.

4.2.8.2 Vacation leave

The results revealed that the highest rate of absenteeism due to vacation leave was among Professional Nurses. Out of 46 (100%) Professional Nurses, 21 (46%) were absent in September 1999 due to vacation leave. The study also revealed that this category of nurses had a high incidence of absenteeism in November 1999, since out of 46 (100%), 20 (46%) were absent because of being granted vacation leave.

The category of Chief Professional Nurses had a higher absenteeism rate due to being granted vacation leave in January 1999, since out of 100 (100%) Chief Professional Nurses, 43 (43%) were absent as they were granted vacation leave.

The results revealed that a certain percentage of Registered Nurses absent themselves in different months either due to ill health or vacation leave. It is therefore not feasible to indicate whether there is a low or high incidence of absenteeism in each month. However 21 (46%) out of 46 (100%) is relatively high incidence of absenteeism which may have serious effects on patients. It is also noted that absenteeism due to illness among Professional Nurses was high, as it was 54%.

The study revealed that the category of Registered Nurses who indicated relatively high incidence of absenteeism due to illness and vacation leave, is that of Professional Nurses. This is probably because they are holding

senior supervisory positions and they therefore feel less responsible. These findings are supported by Rhodes & Steers (1990: 50) who maintain that workers in senior positions have less absenteeism because that their presence is vital at work. In contrast, Lee & Erikson (1990: 37) maintain that absenteeism appears to be high among Registered Nurses who occupy offices and are in supervisory positions, misuse office hours for their own liking and absent themselves.

4.2.9 FACTORS CONTRIBUTING TO ABSENTEEISM AS REVEALED BY RESPONDENTS ON INTERVIEW

On interview, respondents stated various factors contributing to absenteeism. However a higher percentage of Registered Nurses 66 (33%) out of 200 (100%) indicated that illness is an important factor contributing to absenteeism. The other relatively higher percentage 40 (20%) indicated that illness of a family member contributes to one's absence from duty. It was noted that vacation leave was verbalized by the respondents as contributing to absenteeism, probably this is due to the fact that most people do not regard taking a vacation leave as being absent from duty. These findings are supported by Gillies (1994: 288) who maintains that some workers demonstrate higher rate of absenteeism which is predictable and have infrequent long-term absence. She further maintains that these vacation periods are granted and permitted to all staff on alternate basis.

It must be noted that faking illness could not be identified as a cause of absenteeism as it is not easy to identify fake illness from records and from interview.

4.2.10 EFFECTS OF ABSENTEEISM

The results of the study revealed that respondents indicated that if nurses absent themselves from work, it could give rise to serious consequences on patients, institutions, and nurses.

4.2.10.1 Effects of absenteeism on patients

Respondents stated different effects on patients. This is because absenteeism does result to serious consequences on patients. However the largest percentage of respondents, that is, 60 (30%) out of 200 (100%) indicated that absenteeism may result in **omission of patients' treatment**.

Out of 200 (100%) respondents, 30 (15%) indicated that absenteeism may lead to **neglect of helpless patients**. It was also noted therefore that the most important mentioned effects of absenteeism were omission of patients' treatment and neglect of helpless patients. These effects might not be deliberate, but might be due to shortage of nurses in units. These findings are supported by Gillies (1994: 242) who maintains patients may experience omission of treatment by nurses due to unavailability of staff to accompany patients for consultation by specialists. She further maintains that such omissions have a direct effect not only to the patient but to the nurses as well, who may be held responsible by SANC should there be any reported acts or omissions.

Sullivan & Decker (1992: 373) are also of the opinion that absenteeism has a detrimental effect on hospitalized patients because nurses hurry through meals, work extended hours, and abbreviate their interactions

with patients. They maintain that this behaviour leads to unwanted effects on patients' care such as omissions of basic nursing care activities, especially on bed-ridden patients who are totally dependent on nurses.

4.2.10.2 Effects of absenteeism on nurses

The results revealed various responses given by respondents on effects of absenteeism on nurses. A high percentage was 60 (30%) out of 200 (100%) stated that absenteeism can result in strained relationship for nurses. It was noted that respondents mentioned that the relationship would be strained as nurses will not interact well with their absent colleagues when they report back. These findings are supported by Gillies (1994: 284) who maintains that lack of interaction with the work group will cause strained relationship, and nurses who remained at work with extra work load will have less personal motivation as a result of absenteeism.

Another effect mentioned was that, out of 200 (100%) 30 (15%) stated that the morale of the nurses who do not absent themselves from duty is lowered as they become overloaded with work when their colleagues are absent. These findings are supported by Gillies (1994: 284) who maintains that replacing an absent worker become demoralized by an unfamiliar environment, and absenteeism rate increases.

Nurses become overloaded with work as they have to carry out nursing activities that would have been carried out by the absent colleagues. Twenty (10%) respondents mentioned that due to absenteeism, nurses

have to cope with extra work, which would have been carried out by absent colleagues. The finding is supported by Walker (1992: 266) who maintains that in order to cope with work, teamwork is necessary since it improves work relationships, which in turn reduces work stress.

4.2.10.3 Effects of absenteeism on the hospital

The results revealed various responses given by respondents on the effects of absenteeism on the hospital. The highest percentage, 100 (50%) out of 200 (100%) stated that absenteeism can result to bad reputation of the hospital to the public. There would be neglect of nursing care activities such as changing of positions of bed-ridden patients, and dressing of wounds. The results are supported by Gillies (1994: 284) who maintains that there will be bad reputation of the institution caused by errors occurring from the relief nurses who are unfamiliar with certain activities, and may perform errors that endanger the life of a person.

4.2.11 RESPONDENTS' RESPONSES ABOUT THE POLICY FOR CONTROLLING ABSENTEEISM

Results of the study indicated that out of 200 (100%) respondents, 120 (60%) mentioned that the policy on absenteeism was available. The respondents further stated that the absenteeism policy was effective, probably the absenteeism rate was relatively low due to the effectiveness of the policy.

The respondents further explained the contents of the policy, such as writing of the absenteeism report, producing a sick note, and getting a fully paid sick leave. Findings are supported by Tomey (1991: 303) who

states that penalties such as writing of absenteeism reports are imposed to employees as a means of controlling absenteeism.

4.2.12 RESPONDENTS' OPINION ON STRATEGIES OF MINIMIZING ABSENTEEISM

The results revealed that respondents indicated that the strategies that the managers could implement to minimize the rate of absenteeism at Ngwelezane Hospital were: to improve nurses' work morale; to increase staff establishment; and to reward those who show good performance and who have proved to be duty conscious by not absenting themselves.

The responses are supported by Gillies (1994: 288) who maintains that increasing staff establishment will reduce the rate of absenteeism. She further supports the results by stating that incentive plan which rewards good attendance is likely to decrease short-term absence.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the summary, conclusions, limitations and recommendations of the study.

5.2 SUMMARY OF THE STUDY

To increase clarity of the content of this report, it is desirable that a brief revisit be done to the problem statement, objective of the study, reviewed literature and research methodology.

5.3 PURPOSE OF THE STUDY

The purpose of the study was to determine the rate of absenteeism among nurses at Ngwelezane Hospital, and the effects of absenteeism.

5.4 STATEMENT OF THE PROBLEM

The problem to be investigated was:

“How many nurses absent themselves from work per month, at Ngwelezane Hospital?”

“Why do nurses absent themselves from work?”

“What are the effects of nurses’ absenteeism to patients and to the nursing profession at large?”

5.5 OBJECTIVES OF THE STUDY

This study aimed at attaining the following objectives:

To establish the incidence of absenteeism.

To determine factors that contribute to increased incidence of absenteeism in Ngwelezane Hospital nurses as a function of work related stress.

To describe the effects of absenteeism on patient care, nurses and the institution.

5.6 REVIEW ON RELATED LITERATURE

From an administrative standpoint, attempts to understand and deal with absenteeism depend upon which implicit theory or assumptions the administration uses (Rhodes & Steers, 1990: 12). Reviewed literature revealed that a high rate of absenteeism is costly in terms of agency expenditure and employees' morale. A study conducted by Deutsche & Dilts (1981) on cutting causes of absenteeism, the benefits of hours worked, revealed that absence results when the benefits of not working on any particular day are greater than the costs. This indicates that productivity and profitability will suffer unless managers reduce employees' absenteeism levels (Deutsche & Dilts 1981: 41).

Literature reveals that absenteeism could have detrimental effects on the work lives of other nurses, such as strained relationships, failure to cope with work, lowered nurses morale, and nurses are overloaded with work (Sullivan & Decker, 1992: 373). They further noted that activities done

by a temporary replacement nurse were disrupted because she required more explanation prior commencement of work.

Literature maintains that the factors that frequently cause absenteeism are illness and accidents occurring to employees. Steers & Porter (1997: 370) identify poor health and injury as primary causes of absenteeism.

Literature also maintains that absenteeism has serious consequences on patients. The most consequences are omission of patients' treatments and neglect of helpless patients. Gillies (1994: 242) maintains that patients may experience omission of treatment by nurses due to unavailability of staff to accompany patients for consultation by specialists. She further maintains that such omissions have a direct effect not only to patients, but to the nurses as well, who may be held responsible by SANC should there be any reported acts or omissions.

5.7 METHODOLOGY

5.7.1 Research Design

A descriptive study was carried out in order to identify the incidence of absenteeism in Ngwelezane Hospital nurses as a function of work related stress. The target population consisted of Registered Nurses from all units.

5.7.2 Research Instrument

The desired information was obtained from interview of Registered Nurses. The structured interview schedule was used to tap information on factors that contribute to absenteeism, and effects of absenteeism. Records were reviewed to obtain information on factors that contribute to absenteeism. Factors that are stress related were to be identified through tapping information by interviewing Registered Nurses.

5.7.3 Target population

Target population was Registered Nurses working at Ngwelezane Hospital. The sample consisted of 200 Registered Nurses who worked at Ngwelezane Hospital.

5.7.4 PERMISSION

Permission for the conducting the study was obtained from the authorities in charge of Ngwelezane Hospital, and from the Registered Nurses who participated in the study.

5.7.5 Pilot Study

The pilot study was conducted from five Registered Nurses who did not participate in the main study.

5.7.6 DATA ANALYSIS

The data collected by means of records and interview schedule was analyzed manually, and tables and graphs were used.

5.8 CONCLUSION

5.8.1 The objectives of the study

To establish the incidence of absenteeism

The results of the study showed that absenteeism of Ngwelezane Hospital Registered Nurses was low. The category of Registered Nurses which appeared to have relatively high incidence of absenteeism during the months of June and July 1999 was that of Professional Nurses.

To determine factors that contribute to increased incidence of absenteeism in Ngwelezane Hospital nurses, as a function of work related stress

Through records and interviews of respondents, factors such as illness and vacation leave were identified, but the stress related factors could not be revealed, and through interviews respondents did not verbalize stress-related factors.

To describe the effects of absenteeism

The results revealed that Professional Nurses mentioned that the effects of absenteeism on patients would be omissions of patients' treatment, and neglect of helpless patients. They further mentioned that the effects on nurses were strained relationships, lowered nurses' morale, and failure to cope with work. They also mentioned that the effects to the hospital

were bad reputation of the hospital to the public, bad publicity by the media, and hospital subjected to lawsuits.

5.9 LIMITATIONS OF THE STUDY

The study had the following limitations:

The study was conducted at Ngwelezane Hospital, and therefore results may not be generalized to other hospitals.

The study was confined to Registered Nurses only, who formed a small section of the hospital nurses, and therefore may not be generalized to other nurses' categories and hospitals.

Although this study has achieved some objectives, the study did not identify high absenteeism at Ngwelezane Hospital, and work related factors leading to absenteeism.

The sample consisted mainly of female Registered Nurses with the percentage of 195 (95%), hence the result may not be generalized to all Registered Nurses.

5.10 RECOMMENDATION FOR FURTHER STUDY

Out of this research, the following are indicated:

An in-service education needs to be given to Professional Nurses who display a high rate of absenteeism due to illness and vacation leave.

Further study could be conducted on a wider scale that would include other hospitals, and include all other categories of nurses.

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ANNEXURE A

RESEARCH PROPOSAL

INTRODUCTION

It is evident that absenteeism is more common among the nursing personnel. Most of the nurses do not report at work as it is indicated in their off duty rosters. Some report in the morning and disappear during the day. Others are present at work but are not known what they are doing because they are not with the patients.

A high rate of absenteeism is costly in terms of agency expenditure and employee morale. A nurse from another section must replace an absent worker. A replacement worker becomes unfamiliar with the working environment, so inefficiency and errors result and other workers are demoralized and absenteeism rate increases among the peripheral workers who are demoralized (Gillies, 1994:264).

Patients do not receive the best care they deserve especially the helpless ones who are totally dependent on nurses by demanding total care from them. This results to long hospitalization to some of the patients and increased death rate (Sullivan & Decker, 1992:373).

Motivation for the Study

During ward inspection, the researcher discovered that certain tasks were not done, for example allocation of nurses according to their level of

training and checking of emergency equipment. Other nursing skills such as recording of patient's treatment and writing of the patient's report were not carried out because some nurses were absent and few nurses were expected to do the job.

According to Ngwelezane hospital records, nurses absent themselves from work because of reasons beyond control, for example illness, transport problems and lack of accommodation. There were those nurses that were absent because of deliberate reasons for example poor working conditions such as lack of equipment long hours of work and overcrowded wards; lack of self discipline and alcohol abuse.

When five (5) nurses were requested to state what they considered to be the reasons for high rate of absenteeism, they indicated reasons beyond control as well as deliberate reasons. The following reasons were indicated.

Reasons beyond control

Illness: Nurses may absence themselves for minor health problem such as dysmenorrhoea, migraine, colds, allergies, diarrhoea or low backache. Nurse may also report sick husband or sick child and absent himself or herself to look after them.

Transport problems: There is an increased difficulty in getting to work on time due to transportation problems. When a person is motivated to attend, bus strikes will occur. Taxis and private transport is expensive and this will demotivate nurses to attend.

Lack of accommodation: Nurses absent themselves because of lack of accommodation near the work place. Nurses travel long distances to work and this demotivate them to attend.

Deliberate reasons

Poor working conditions: Such as long hours of work shortage of equipment and overcrowded wards increase loss of interest in work leading to absenteeism.

Lack of self-discipline: Nurses may neglect their duties and attend extramural activities like football during working hours.

Alcohol abuse: Some employees abuse alcohol they may leave patients unattended or omit patients' treatment for no reason because they may be under influence of alcohol.

It is a source of concern that absenteeism control is not taken as priority but secondary to nurses rights. Hence patient's lives are at stake as they are often left unattended. This is supported by sick leave policies that encourage nurses to be dishonest, and to get full pay as long as they produce proof within 24 hours (Tomey, 1990:303).

Rhodes & Steers (1990:48-49) expressed then concern that the belief in the Unions as protection of employees' rights is a predictor of voluntary absenteeism. Union members are more likely to be absent than non-union members, possibly because of lesser penalties being attached to absences behavior for those under union contract.

Absenteeism is also a side effect of personal problems, lack of control over decisions affecting one's life and lack of self-discipline. This is further complicated by the fact that some employees are poorly motivated and as a result do as little as possible to keep themselves from getting fired and fail to see their job as means to an end (Booyens, 1993:346)

Another concern is that the number of employees per unit may also give rise to absenteeism. Employees working in larger unit feel a lack of belonging and cohesiveness and develop burnout because they are overburdened with monotonous tasks and lack autonomy within the work group. They avoid stress by withdrawing from the workplace (Booyens, 1993:347).

In 1998, Zondi examined the impact of nursing staff absenteeism on patient care and nurses at Ngwelezane Hospital. Her findings were that, workload on nurses created stress that resulted to sickness, which increased rate of absenteeism (Zondi, 1998:1)

In 1990, Tyani assessed absenteeism as a nursing service problem in the Republic of Transkei. She Identified that absenteeism rate increased by job dissatisfaction caused by lack of material resource and long hours of work; working conditions like lack of orientation on the job; and poor supervision, where there is bias and favouritism. These were identified as variables influencing absenteeism (Booyens 1993:345).

In 1990, Lee & Erikson investigated the effects of policy change on the types of absence in Philadelphia. Their findings were that the professional status of the employee may influence the rate of

absenteeism, for example the registered nurses who occupy offices are at liberty to misuse. Office hours for their own liking. They further identified that the morale of the staff was lowered because of overtime work, substitute nurses and working with fewer staff than required (Booyens, 1993:344).

In spite of these studies there is a noticeable absence of research on incidence of absenteeism for nurses in health service institutions in South Africa. The present study will attempt to close this gap.

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substitute nurses and working with fewer staff than required (Booyens, 1993:344).

In spite of these studies there is a noticeable absence of research on incidence of absenteeism for nurses in health service institutions in South Africa. The present study will attempt to close this gap.

THE STATEMENT OF THE PROBLEM

The problem to be investigated is:

“How many nurses absent themselves from work per month at Ngwelezane Hospital?”

“Why do nurses absent themselves from work?”

“What is the effect of nurses absenteeism to patients and to the nursing profession at large?”

PURPOSE OF THE STUDY

The purpose of the study is to investigate the incidence of absenteeism in Ngwelezane Hospital nurses as a function of work related stress.

OBJECTIVES OF THE STUDY

7.4.1 To establish the incidence of absenteeism;

7.4.2 To determine factors that contribute to increased incidence of absenteeism in Ngwelezane nurses as a function of work related stress;

7.4.3 To describe the effects of absenteeism on patient care and nurses.

SIGNIFICANCE OF THE STUDY

The high incidence of absenteeism among nursing personnel had a great effect on patient care because most of the nursing skills were not done, and patients received inappropriate care.

This study created awareness to the authorities of the institution on the causes of nurses' absenteeism from work. The rate of absenteeism was highlighted. The authorities were motivated to formulate policies and strategies that assisted in reducing the incidence of absenteeism among nurses.

DELIMITATION OF THE AREA OF STUDY

The study was conducted at Ngwelezane Hospital. Seeing that Ngwelezane Hospital is where the researcher was based, it was convenient for the researcher and target personnel were more accessible.

DEFINITION OF TERMS

To facilitate understanding of the research report, the following terms are explained:

"Absenteeism" is anytime away from schedule work (Gillies, 1994:283). For the purpose of this study, absenteeism could also mean failure to attend to the patients' needs.

"Incidence" refers to the number of cases or specified number of person over a given period, for example 3 cases in 1000 people in a year (Hull & Isaacs, 1991:204). For the purpose of this study, incidence also refers to

the number of Ngwelezane Hospital Nursing personnel that absent themselves from work.

“Nurse” refers to someone specially trained to look after ill or injured people and young children (Slater, 1993:311). For the purpose of this study, nurse refers to a licensed person who has completed an educational program in nursing and render health care in preventive promotive, curative and rehabilitative care and according to Nursing Act No 50 of 1978 as amended.

“Stress” refers to the reaction of individuals to demands from the environment that poses a threat to life (Sullivan & Decker, 1992:201). For the purpose of this study, stress is physical and mental strain caused by workload due to shortage of nurses in the work situation.

PRELIMINARY LITERATURE REVIEW

INTRODUCTION

This chapter presents views of various authors on absenteeism of employees from work.

According to Gillies (1994:283), absenteeism is anytime spent away from scheduled work. It is a costly and complex problem for nursing management because attending to patient needs cannot be postponed. The rate of absenteeism appears to be high among nurses and this is disruptive to the working environment.

INCIDENCE OF ABSENTEEISM

According to Rhodes & Steers (1990:6), teenage workers consistently have the highest absence rate, probably due to the relative importance of non-work activities in their lives. They further state that female absenteeism is particularly high during child-rearing years because of problems encountered during pregnancy and breast-feeding. Groups belonging to trade unions absent themselves more than non-union members because of lesser penalties being attached to their absence (Rhodes & Steers, 1990:5).

In high-prevalence countries, it has been estimated that absence causes a loss of 400 million workdays per year. This implies that the strategies used to control absenteeism are not successful, and this affects the cost control (Rhodes & Steers, 1990:6).

According to Zondi (1998:8), absenteeism often occurs more frequently in certain job classifications or among groups working under a specific supervisor. This occurs because of constant supervision and more responsibility.

Absenteeism problems are usually more tied to an organization culture than employee behaviour. The organization will experience higher levels of absenteeism than those organizations with strict and regular control (Booyens, 1993:342).

The professional status of employees may influence the rate of absenteeism. The rate of absenteeism appears to be higher among professional nurses. This could be ascribed to the fact that they have less flexibility in their working time. There is more responsibility attached to their work. This leads to loss of interest in their work (Lee & Erikson, 1990:37).

According to Herbst (2000:10), South African nurses left the country to work abroad. More vacant posts left unoccupied. Fewer nurses were stressed by pressure of workload. Therefore the rate of absenteeism increased and recruitment of South African nurses internationally were stopped.

FACTORS THAT CONTRIBUTE TO INCREASED INCIDENCE OF ABSENTEEISM

Research studies have identified various factors as contributing to absenteeism of employees in the work situation.

ILLNESS AND ACCIDENT

According to Steers & Porter (1997:370), poor health and injury clearly represent primary causes of absenteeism. They maintain that an absent nurse may justify his/her absence by reporting that either his/her child is sick or has been involved in an accident of one kind or another. They further explain that it is often not easy to confirm whether the nurse is giving a false report or not.

They maintain that the difficulty is due to the fact that most nurses get sick leave certificates from their family doctors that they pay for giving fake sick leave certificates.

FAMILY RESPONSIBILITIES

Steers, Porter & Bigley (1996:370), are of the opinion that women as a group absent themselves from work more frequently than men because they are involved in household work additional to their daily activities. Women have to look after their husband and children when they are sick, and they don't go to work until they (the latter) get better. It is often their responsibility to attend to school meetings and make a fruitful contribution if required to do so.

LACK OF ACCOMMODATION

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

The increased difficulty of getting to work due to transportation problems presents possible impediments to attendance behaviour for some nurses. When the individual is motivated to attend, bus strikes will occur, this unavoidable situation will demotivate nurses if they were willing to come to work. They end up conforming to strikes and absent themselves from work (Rhodes & Steers, 1990:50).

Floods and storms wash bridges away. These also destroy roads and make it difficult for nurses to come to work. The roads become muddy and slippery, thus preventing free and safe transport movement (Rhodes & Steers, 1990:54).

LACK OF MOTIVATION TO REPORT AT WORK

The employee may also lack motivation due to factors such as job dissatisfaction which may be caused by poor working conditions such as long hours of work, overcrowded wards, strained relationships with senior management (Booyens, 1993:345).

Stress in the work situation also contributes to employees' lack of motivation to report to work, resulting in frequent absenteeism. The stress is experienced by employees who frequently remain at work whilst others are absent. The remaining workers become overloaded with work and become physically and mentally stressed.

They eventually lose interest in their work performance and also resort to absenteeism in order to relieve themselves from the stress (Booyens, 1993:345). Due to lack of motivation for work, management has difficulty in deciding which type of absence are excusable since the

employees have multiple sick notes and request recurrent release (Booyens, 1993:345).

Absenteeism due to stress in the work situation is supported by Sullivan & Decker (1992:373), who maintain that absenteeism of nurses from work has been associated with various detrimental effects on hospitalized patients. Nurses hurry through meals, work extended hours and abbreviate interaction with patients. This behaviour leads to unwanted effects on patients' care such as omission of basic nursing care activities, especially on bedridden patients who are totally dependent on nurses.

THE EFFECTS OF ABSENTEEISM ON PATIENTS

In order to provide high quality patient care, adequate personnel must be available to the health care units. Staff shortage can lead to patient being neglected. Nurses may have not caused an omission voluntarily but resulted from shortage of nurses caused by absent colleagues.

Patients may experience the following problems: Patients special treatment and investigation may be omission by nurses due to unavailability of staff to accompany patients for consultation by specialist physician. Such omissions have a direct effect not only on the patient but to the nurses who may be held responsible by SANC should there be any reported act of omission (Gillies, 1994:242).

Inadequate Patient Care

Nurses reduce individualized patient care. Patients may not be cared for according to their needs as unique individuals. Nurse-patient ration is not considered. Patients are abandoned, nurses stick to routine and neglect specific nursing care. Medico-legal risks are likely to occur, which call for lawsuits on the part of nurses and employers. Medico-legal risks reflect bad image of the institution and nursing profession to the public (Booyens, 1993:345).

THE EFFECTS OF ABSENTEEISM ON NURSES

A high rate of absenteeism has got serious effects on nurses. There is lack of autonomy within their work group. Nurses are withdrawn from the workplace because of strained relationship and stress caused by overwork. There are lower self-esteems, less self-confidence and less awareness of personal motivation as a result of excessive absenteeism.

Economy of the institution is affected because nurses are getting remuneration for the work they did not do. The taxpayer and the government are losing a lot of money by paying the nurses that absent themselves from work (Gillies, 1994:284).

LOWERED NURSES MORALE

The morale of the nurses who are always on duty may be lowered by overwork. Nurses who replace the absent worker will have many errors because of poor orientation. She will be demoralized and resort to absenteeism (Gillies, 1994:284).

A dissatisfied employee may often be absent and may experience stress that disrupts co-workers. Such a situation can cause serious staffing problems for the nurse manager. When employee does not report for work a substitute nurse must be hired to do the job and the quality of work is likely to suffer (Booyens, 1993:350).

Agency Expenditure Increased

Absenteeism in the workplace is costly. The hospital has to pay the absent nurse and pay overtime to the person who replaces her. The mistake will occur because the nurse who is working overtime will be exhausted. The nurse will be charged for acts and omission by SANC and the hospital will be faced with multiple lawsuits by relatives. This will be caused by the nurses' negligence as a result of pressure of work (Gillies, 1994:284).

STRATEGIES FOR REDUCING THE INCIDENCE OF ABSENTEEISM

The incidence of absenteeism among nurses has motivated various authors to develop some strategies aimed at reducing absence from work.

The improvement of nurses morale

According to Rhodes & Steers (1990:72), nurses need to be allocated according to their level of training and expertise. Shortage of nurses must be resolved by increasing staff establishment. Workload must be

distributed evenly to all nurses. Nurses must be orientated on the job. Rewards must be given to nurses for good work done.

Management of transport problems

Co-ordination of work hours with public transport will reduce absenteeism. Nurses must use alternative transport available and less expensive, such as taxis and buses. An employer should suggest day care centres to employee within the hospital premises or near the hospital. Nurses will not absent themselves from work in order to care for their small children if the care centre is available within reach (Rhodes & Steers, 1990:73).

Provision of free health care services

Free health care for employees may be another method to reduce illness. This free health care will be available at the hospital where employees are working. Employees will not absent themselves by visiting their family doctors during working hours. They will use the available free health care services offered at the hospital. These free health services are reasonable in terms of transport because they are within the hospital. The nurses who are sick will be attended to and given sick leave certificates if required (Gillies, 1994:244).

Implementation of absenteeism policies

The management is responsible for implementation of absenteeism policies, aimed at minimizing absenteeism in most institutions. At Ngwelezane Hospital the absenteeism policy is classified into four sections as follows:

Absence due to sickness

Absence due to other reasons

Failure to report absence from work

Guidelines on vacation leave booking

Objectives of the policy

The objectives of Ngwelezane absenteeism policy are:

To reduce absenteeism

To control staff

To enable replacement of staff

To prevent irregularities in vacation leave grants in the year 2000.

Absence due to sickness

The objectives of this section of the policy are:

Objectives

To reduce absenteeism

To control staff

To enable replacement of staff.

Directives of this section

This section stresses that:

A person shall report absence from duty before 07h00 of the said day. She/he may report in person, by messenger, by telephone or in writing before seeing the doctor.

If no report has been received by 08h00, the sister in charge shall report to Zonal matron..

After seeing the doctor the worker shall submit sick report within 24 hours before 08h00 the following day

On return, the worker shall report to the professional nurse then report to out patient department to complete sick leave forms.

ABSENCE DUE TO OTHER REASONS

This section indicates that:

the worker shall report to personnel matron by telephone and get authority for absence.

On return she shall report to the professional nurse in charge then to personnel to complete special leave forms.

Failure to report absence from work

This section states that:

The professional nurse in charge complete absenteeism forms, and the worker on arrival will be counseled and made to sign the absenteeism form.

The absent worker will also sign leave forms without pay.

Guidelines on vacation leave booking

Objectives

The objectives of the guidelines are:

To prevent irregularities in vacation leave grants.

Directives for leave guidelines

On this section of the policy it is stated that:

all staff shall check names on the leave roster and report to the Zonal Supervisor. If the name of the worker does not appear, changes shall be negotiated through the Zonal Supervisor to assistant Director Personnel per written request.

Staff discovered not to be on leave roster will be fitted on the monthly roster that has fewer people after the 9th of December of every year.

Application for leave forms shall be completed 15 days before the commencement of the leave and submitted to the Zonal Supervisor.

CONCLUSION

Literature review indicated that nurses do absent themselves from work due to various reasons why sometimes are reasonable and or unreasonable. It is also pointed out that nurse absenteeism from work

has serious consequences on the patient and his family, to the hospital management, the public and to the nurse as well. It is also maintained that policies for controlling absenteeism should be planned and implemented.

RESEARCH METHODOLOGY

RESEARCH DESIGN

Method of data collection

A descriptive study was conducted. This method was selected because the study attempted to describe the incidence, the factors that contributed to absenteeism, and the effects of absenteeism on patient and nurses.

TARGET POPULATION

The target population will be the registered nurses practicing at Ngwelezane Hospital. The target population will be 200 registered nurses in all units.

SAMPLING AND SAMPLE SIZE

Records of absenteeism of registered nurses will be used. Records of absenteeism of registered nurses will be obtained from all units at Ngwelezane Hospital.

Registered nurses will be interviewed. Random sampling will be undertaken from the existing number at targeted units at Ngwelezane Hospital. Simple random sampling will be undertaken to allow each person a chance of participating in the study. Two hundred (200) registered nurses will be selected. This group of nurses will be from age 20 – 60 years.

DATA COLLECTION INSTRUMENTS

Two data collection instruments were used, namely: personnel records, and structured interview schedule.

Personnel Records

Personnel records of all registered nurses working at Ngwelezane hospital were reviewed. The researcher reviewed records of personnel from each unit in order to identify the number of registered nurses who absent themselves from work, and the reasons recorded for absenteeism.

Structured interview schedule

The structured interview schedule was used for determining the factors that contributed to absenteeism as well as the effects of absenteeism on patients and nurses. A structured interview schedule consisting of closed and open-ended questions will be formulated.

PILOT STUDY

The pilot study was conducted at Ngwelezane Hospital in one department on five nurses will be interviewed. These nurses will not form part of the main study. The pilot study tested the validity and reliability of the instrument.

ETHICAL CONSIDERATION

Permission for conducting a research study will be obtained from the authorities in charge of the institution. Informed consent will be obtained from registered nurses whose confidentiality and anonymity will be ensured by not writing the participants' names on the interview schedule.

DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

Data analysis will be done manually, interpretation will be done and findings will be discussed.

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

Summary of findings, conclusion and recommendations will be done at the end of the study.

OUTLINE OF THE RESEARCH REPORT/PLAN OF STUDY

The research report will include the following aspects:

Chapter 1 Orientation

Introduction

Motivation of the study

Statement of the problem

Purpose of the study

Objective of the study

Significance of the study

Delimitation of the area of study

Definition of terms

Chapter 2 Literature review

Chapter 3: Research Methodology

Research design

Method of data collection

Target population

Sampling and sample size
Data collecting instrument
Pilot study
Ethical consideration

Chapter 4: Data analysis, interpretation and discussion of findings

Chapter 5: Summary of findings, conclusions and recommendations

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ANNEXURE B

Ngwelezane Hospital

Private Bag x20021

EMPANGENI

3880

3 July 2000

The Senior Medical Superintendent

Ngwelezane Hospital

Private Bag x20021

EMPANGENI

3880

Dear Sir

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH

I hereby apply for permission to conduct a research project in your hospital.

I am a masters (M Cur) student this year 2000, registered with the University of Zululand. My topic is: "incidence of absenteeism in Ngwelezana Hospital health professionals as a function of work-related stress". The proposed research is an academic requirement towards completion of the said degree.

I will need to have access to some information regarding health professionals' past absenteeism statistics (without identities, of course!)

I undertake to use very little of the administrative personnel and sampled health professionals' work time, and will observe all confidential hospital & staff information supplied to in this regard.

Yours truly

MRS N F KHUMALO.

NGWELEZANA HOSPITAL

RECOMMENDATION AND APPROVAL TO CARRY OUT RESEARCH

1. Personal Details of Researcher

Name: *IVYIMBO FLORENCE KAHUMALO* Persal No.: *60684453*

ID. NO.: *5704180824080*

Address: *6 FIDALEWOODS DRIVE BOX 10526 ERDAMILENI 3880*

Employer: *NGWELEZANA HOSPITAL*

2. Recommendation by Study Leader / ~~Research Committee Member~~

I undertake to ensure that a copy of research project will be supplied to Head of Institution.

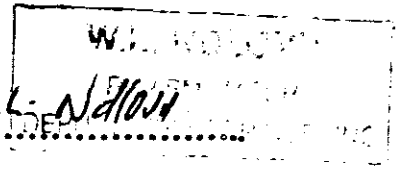
COMMENTS: *The study is strongly recommended for a Masters degree (M.C.U) as well as the anticipated contribution of the study to Hospital Management.*

Signed: *B. M. Juma* Date: *19/06/2000* Name: *BUSISINE ZUANYI (Pr*

3. Recommendation by Nursing Management (Institutional)

COMMENTS: Supported / Not Supported

Signed: *(Signature)* Date: *12/12/00* Name: *W.L. Ndlovu*



4. PROJECT APPROVED / NOT APPROVED

SIGNED: *(Signature)* DATE: *12/12/00*

SENIOR MEDICAL SUPERINTENDENT

ANNEXURE D

INTERVIEW SCHEDULE

INCIDENCE OF ABSENTEEISM IN NGWELEZANE HOSPITAL NURSES AS A FUNCTION OF WORK RELATED STRESS

Dear Respondent

Kindly answer the following questions. This information is required for research purpose only. The information will be treated as confidential. Your name will not be written on this interview schedule.

SECTION A

SAMPLE REALISATION

1. DEMOGRAPHIC DATA

Mark with a cross where applicable such as:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Write your answers where blank spaces (.....) are provided.

1.1 Sex

Male	
Female	

1.2 Age in years

20-29	
30-39	
40-49	
50-59	

1.3 Marital Status

Married	
Widowed	
Divorced	
Single	

1.4 Residential Areas

Rural	
Urban	
Peri-urban	
Informal Settlement	

1.5 Category

Chief professional nurse	
Senior professional nurse	
Professional nurse	

1.6 Experience in years

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

SECTION B

INCIDENT OF ABSENTEEISM AS REFLECTED ON RECORDS

2. PERSONAL RECORDS REVIEW GUIDE

Personal records will be reviewed to identify those nurses that absent themselves from work. Absenteeism will be retrieved from all wards. The records from January to December 1999 will be used. Records from all registered nurses absent will be used. The number of registered nurse in each unit will be recorded as well as the number of nurses that absent themselves.

2.1 The number of registered nurses absent most in department from January to December 1999

YEAR 1999	NO. OF REGISTERED NURSES ABSENT	PERCENTAGE
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

2.2 Number of registered nurses absent because of illness from January to December 1999

YEAR 1999	FREQUENCY	PERCENTAGE
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

2.3 The number of registered nurses absent most in department from January to December 1999

YEAR 1999	FREQUENCY	PERCENTAGE
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

2.4.1 Period during which the incidence of absenteeism was high in Chief Professional Nurses from January to December 1999

Period	Number of Chief Professional Nurse	Percentage
Weekends		
Public Holidays		
Pay days		
Total		

2.4.2 Period during which the incidence of absenteeism was high to Senior Professional Nurses from January to December 1999

Period	Number of Chief Professional Nurse	Percentage
Weekends		
Public Holidays		
Pay days		
Total		

2.4.3 Period during which the incidence of absenteeism was high to Professional Nurses from January to December 1999

Period	Number of Chief Professional Nurse	Percentage
Weekends		
Public Holidays		
Pay days		
Total		

2.5 Reasons for being absent as obtained from personal records of absenteeism from January to December 1999

Reasons	Frequency	Percentage
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SECTION C

**REGISTERED NURSES RESPONSES ON FACTORS THAT
CONTRIBUTE TO ABSENTEEISM**

CONTRIBUTORY FACTORS

3.1 Do you know what is absenteeism?

Yes	
No	

3.1.1 If yes, what is?

.....
.....
.....

Do you know what are the factors that contribute of absenteeism?

Yes	
No	

3.2.1 If yes, state them.

.....
.....
.....

3.3 Do registered nurses absent themselves from work?

Yes	
No	

4. EFFECTS OF ABSENTEEISM ON THE PATIENTS

4.1 In your own perception does the rate of absenteeism from nurses affect patients?

Yes	
No	

4.1.1 If yes, state how are the patients affected?

.....
.....
.....

5. EFFECTS OF ABSENTEEISM ON THE NURSES

5.1 In your own experience does the rate of absenteeism affects nurses?

Yes	
No	

5.1.1 If yes, state how are the nurses affected?

.....
.....
.....

6. EFFECT OF ABSENTEEISM TO THE HOSPITAL

6.1 In your own experience does the rate of absenteeism affect the hospital?

Yes	
No	

6.1.1 If yes, state the effects of absenteeism on the hospital

.....
.....
.....

6.2 In your own experience is there any hospital policy that control absenteeism from work?

Yes	
No	

6.2.1 If yes, state the content of absenteeism policy?

.....
.....
.....

7. Give your own opinion on how the rate of absenteeism can be minimized?

.....

.....

.....

.....

.....