



UNIVERSITY *of the*
WESTERN CAPE

**FACTORS CAUSING ABSENTEEISM OF NURSES IN AN ACUTE
PYSCHIATRIC HOSPITAL: CASE STUDY IN CAPE TOWN**

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DECLARATION

I declare the thesis, titled “Factors causing absenteeism of nurses in an acute psychiatric hospital: Case study in Cape Town” is my own work. I acknowledged all sources that I used. This work has not been submitted to any institution before.



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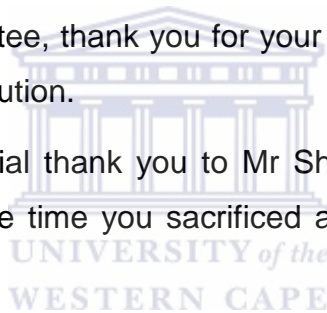
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Abstract

Absenteeism is a serious problem globally, and it entails a high cost for organizations. Shortage of nurses is a world-wide concern and absenteeism worsens the existing shortage in hospitals. In order for hospitals to run smoothly and render quality nursing care, regular attendance is required. The South African health institutions are faced with challenges of poor working conditions, low pay, as well as physical exhaustion from the workload. These challenges are seen as contributing to nurse absenteeism.

The overall aim of this study was to describe factors that contribute towards absenteeism among nurses in an acute psychiatric hospital in the Western Cape Province of South Africa.

The study was carried out in an acute psychiatric hospital in Cape Town. Only permanently employed nursing staff at Valkenberg Hospital and Community service nurses were considered for the study. This study was quantitative in nature and it used the descriptive survey design. A self-administered questionnaire was used as a tool for data collection.

The sample size of this study consisted of 135 (67.5%) nurses. It was drawn from a hospital population of 200 nursing staff. A number of factors emerged as significantly contributing to nurse absenteeism. The results show that 69% of participants agree that they were absent as they are dissatisfied with pension funds, medical aid contributions and the criteria for issuing incentive bonuses. Moreover the same percentage of participants, 69% strongly felt that the amount of work was overwhelming due to the fact that the staff patient ratio is too high. About 51% of participants were not satisfied with their progression in their career of nursing. About 68% of participants were not satisfied with the sufficiency of equipment and 51 % were unhappy with working conditions. The results also show a significant rate of absence of female nurses and older nurses.

Absenteeism has become a major challenge that cuts across many organisations and national borders. It is a global phenomenon. The study, in this regard, recommends that the physical working conditions of the institution need to be revamped to accommodate employees' basic needs. It further recommended that staff patient ratio be revised, as it places tremendous pressure on nurses in terms of excessive workload. A facility like pre-school also needs to be provided as the female nurses appear to be more absent from work due to their multi-task roles.

Key words

Absenteeism,

Psychiatric Nurse,

Employer,

Employee and

Working conditions



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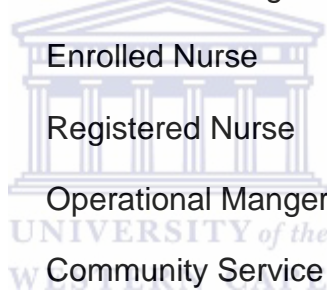
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LIST OF ABBREVAITIONS

| | |
|-------|-------------------------------------|
| SANC | South African Nursing Council |
| CEO | Chief Executive Officer |
| SPMS | Staff Performance Management System |
| SA | South Africa |
| UK | United Kingdom |
| SAPS | South African Police Service |
| HOD | Head of Department |
| AIDS | Acquired Immune Deficiency Syndrome |
| E/N/A | Enrolled Nursing Assistant |
| E/N | Enrolled Nurse |
| R/N | Registered Nurse |
| OPM | Operational Manger |
| COSMO | Community Service Nurse |

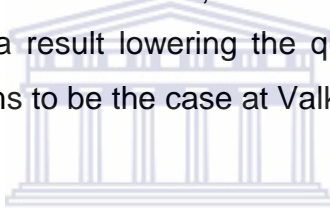


CHAPTER 1

Introduction to factors causing absenteeism of nurses in an acute psychiatric hospital: Case study in Cape Town.

1.1 Introduction

The availability of nurses globally is insufficient to meet all of the healthcare demands, despite growth in the reported number of nurses, and this situation is anticipated to worsen in the future years (Rauhala et al, 2006:286). Furthermore in an Australian study it was found out that about 30-32 of nurses in the acute sector reported difficulties in meeting patient needs because of the shortage of staff (Rauhala et al, 2006:286). Nurse absenteeism in acute psychiatric hospitals seems to be a concern in general as it disorganises the work routine, causes dissatisfaction, and overburdens workers that are present, as a result lowering the quality of patient care (Becker & Oliveira, 2008:110). This seems to be the case at Valkenberg Hospital.

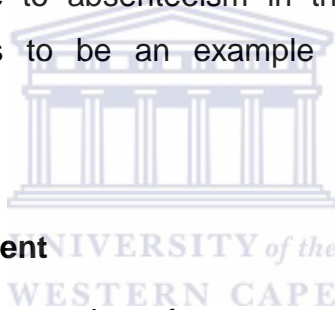


It has been documented by Unruh, Joseph and Strickland, (2007:680) and Shamain et al, (2003:84) that, absenteeism affects the working environment, the nursing staff as well as the financial performance of a hospital. This is also true for Valkenberg Hospital where the study is being conducted. When a member of staff is absent, the hospital management has to find a replacement such as an agency nurse or another nurse has to be pulled from other units. Moreover an individual called in for overtime might not be familiar with the work or the agency nurse might not be familiar with the workplace. This can eventually lead to poor service delivery. It is time consuming to have a new staff member who is not familiar with the place to stand in for an absent employee.

Absenteeism in this study is defined as any failure of an employee to report for or to remain absent from work scheduled, regardless of the reason (Cascio, 2003:45). It can also refer to workers who were scheduled for work and expected to attend but did not do so (Becker & Oliveira, 2008). A study carried out in Brazil by Becker & Oliveira,

(2008) found out that being absent from work leads to an increased staff shortage in institutions. It would appear that the shortage of nurses is not peculiar to Valkenberg Hospital and South Africa, it cuts across the word.

It is every employer's challenge to manage absenteeism in an organisation. This is because of the many types of leave that employees are entitled to. In this study an employee is defined as any person who is employed and receives or is entitled to receive any remuneration (Basic Conditions of Employment Act, 1997). Furthermore, the leave system may be manipulated and misused by employees. It appears would appear that employers are struggling to implement corrective measures against employees because of the current leave system. South African companies are losing millions of rands a year due to absenteeism in the work place (Nyathi, 2008). Valkenberg Hospital appears to be an example of such companies (Robbins, Odendaal & Roodt, 2003).



1.2 Problem Statement

There seems to be a lack of research on factors contributing towards absenteeism at hospital in the Western Cape or even the whole of South Africa. Nurses are often absent at Valkenberg Hospital and there seem to be a number of reasons causing them to be absent from work, as it appears that the staff patient ratio is Valkenberg is poor. The nurse absenteeism contributes to understaffed wards which results in staffing instability, chaotic working environments, low employee morale and other factors that could negatively impact on the quality of patient care (Thomson, 2005).

Based on the study by Zangaro & Soeken (2007:445), Valkenberg Hospital seems to be characterized by the following: poor and deplorable circumstances with poor working conditions, shift work, long working hours, work related risks and danger, work overload, work under-load, role conflict, responsibility at work, and having impaired relationships at work. Given these situations, nursing is likely to be an occupational group which is subjected to high levels of stress (Spear, Wood, Chawla, Devies &

Nelson, 2004:58). An outcome of these conditions that appears to be similar to Valkenberg is likely to result in withdrawal behaviour such as high turnover and absenteeism.

Absenteeism has been explored by a number of researchers in general nursing. This study focused on factors causing absenteeism of nurses at Valkenberg Hospital. There are different reasons for the nursing staff to be absent. Psychiatric nursing is regarded as one of the high-risk occupations due to the nature of the work performed (Whittington & Higgins, 2002:37; Maloney, 2013:110; Shamain, O'Brien-Pallas, Thomas, Alksnis & Kerr, 2003:81; Madu & Mamomane, 2003:209). Nurses working at Valkenberg Hospital, appear to be exposed to violent patients. I have observed some patients at Valkenberg Hospital physically assaulting nurses. The fact that nurses are required to be in close proximity to the patients makes them easy targets. Such a state of affairs echoes Bowers et al's (2009:39) position that exposure of nurses to violence and physical assault contributes to absenteeism. Kumpula & Ekstrand (2009), add that it would appear that this is also true for Valkenberg Hospital, some patients assault nursing staff and security officers deliberately as they do not want to be hospitalized or do not understand why they have been contained at the hospital.

Physical layout out of maximum security forensic wards at Valkenberg Hospital where some of the nursing staff work also looks and feels like a prison, and this is likely to contribute to the increase of absenteeism (Sasaki, Kitaoka-Higashiguchi, Morikawa & Nakagawa, 2009:359 and Fluttert, Meijel, Nijman, Bjorkly & Grypdonck, 2010:1529). It appears that nurses in the forensic units at Valkenberg Hospital feel restricted, trapped and uncomfortable as they have limited movement in maximum security units. They are delegated to be in the confined spaces with the patients, and this is also likely to contribute to absenteeism, (Bowers, Simpson, Eyres, Nijman, Hall, Grange & Phillips, 2006:226). Furthermore in relation to Valkenberg Hospital, working environment that is not conducive for nurses to work, can result in nurses resorting not to come on duty as expected by the employer, (Whittington & Higgins 2002:37).

In view of the nature of their work, nursing is a routine. This also applies to Valkenberg Hospital where the study was conducted. Based on the study by Kass, Vodanovich and Callender (2001:318) carried out in Florida, a repetitive task causes boredom and contributes to absenteeism of nurses across the world. It would appear that the nature of nursing profession across the world is militant and rigid as it is at Valkenberg Hospital. Therefore there are no new challenges or flexibility at work; the employee follows the same procedures.

Based on the study by Nyathi & Jooste (2008:28), it would seem that this is true also for Valkenberg Hospital, nursing staff shortages place tremendous pressure on nurses who report on duty to complete their assigned tasks, execute their duties and responsibilities. It would appear that the pressure that nurses experience, also in the case of Valkenberg hospital, progresses to burnout syndrome. Burnout is referred to as an emotionally negative reaction activated in individuals in response to difficulties encountered within the workplace (Italia, Favara-Scacco, Cataldo & Russo, 2008:678). Italia et al (2008:676), as in relation to Valkenberg Hospital, states that burnout due to nursing staff shortage and work over load leads to increased absenteeism at the work place. According to Priebe, Fakhoury, Hoffmann and Powell (2005:224); Italia et al, (2008:678); Shamain et al, (2003:81) it would appear that burnout in the nursing profession, particularly at Valkenberg Hospital is caused by prolonged exposure of nurses to a stressful environment and is not a sudden onset as nurses shortage is an on-going problem.

In the case of Valkenberg Hospital, it appears that nurses are experiencing trauma and shock in hospitals and this is likely to contribute to absenteeism. In view of absenteeism at Valkenberg, it is true that the pressure is often unbearable to cope or deal with. Thus, the situation has a potential to increase absenteeism (Pereira, Fonseca & Carvalho, 2012:374). In some of the wards at Valkenberg Hospital nurses are nursing depressed and suicidal patients who sometimes have a tendency of attempting to commit suicide, by hanging themselves, mutating and overdosing medication. This places pressure on nurses and is likely to cause absenteeism. In the

event of a patient committing suicide at Valkenberg Hospital, a nurse on duty is expected to write a statement and an incident report. Based on the study conducted by Maloney (2012:111), nurses may experience guilt or self-doubt and often become depressed because they tend to think they have failed to save life of a patient. In relation to the trauma that nurses experience in their field of work particularly at Valkenberg Hospital it is likely to result in increased absenteeism from their work place (Bowers et al., 2006:227).

Stress and related disorders in nursing appear to be contributing to more than a half of job associated absenteeism (Maloney, 2012:111; Madu & Mamomane, 2003:209). Furthermore, nurses with stress are more likely to be absent from work (Madu & Mamomane, 2003:209). Stress is likely to cause a number of physical, emotional and psychological problems for nurses and other employees with medical problems such as hypertension, diabetes and other conditions, leading to increased absenteeism (Oke & Dawson, 2012:317; Pereira, Fonseca & Carvalho, 2012:374). Nursing staff rotation without consultation or changing of shifts also contributes to absenteeism as nurses would have already built relationships with other team members. De Boer, Bakker, Syroit and Schaufel (2002:182) posit that scheduled working hours and reallocation for replacement of absent colleagues exacerbate absenteeism since nurses are more inclined to resist change. In view of stress, it is also true for Valkenberg Hospital. It also appears that majority of older nurses report high levels of stress. The older nurses are likely to report higher levels of stress than their younger counterparts due to many other reasons or challenges. For instance, they reported that along with their workload, family and financial problems caused high levels of stress. Moreover, nurses are rotated in the hospital wards without their consent. That appears to be frustrating and stressing for nurses and thus likely to causes absenteeism.

Nyathi and Jooste (2008:29), observed that striking of nurses is another contributor of absenteeism. They argue that most of the time, strikes are caused by the low wages

and poor working conditions. For safety and fear of their lives nurses who are not part of the strike are forced to stay at home. In relation to absenteeism of nurses at Valkenberg Hospital, it would appear that strike or affirmative action is affecting the hospital as other nursing staff resort to stay home during strike while others leave the work place to partake in strike.

Favouritism still exists in the workplace and it creates tension and resentment among nurses. Those who are favoured by the management receive additional benefits (Bergman, Drasgow, Ormerod & Palmieri, 2012:65). Some nurses receive higher remuneration than others from nurse managers. In relation to remuneration at Valkenberg, it appears that it causes frustration and some nurses who do not receive the extra money stay home as they feel that they are not being recognised and appreciated. Based on the findings by Shamain et al, (2003:86), Mgomozulu, (2000:30) and Mzolo, (2001:38), it would appear that it is true also for Valkenberg nurses who do not receive incentives or bonuses. They also end up getting frustrated and are thus likely be absent sometimes.

Based on the study by Leiter & Maslach, (2010:332); Paker & Kulik (1995:582); Lee & Akhtar (2011:230), lack of motivation would appear to be one of the factors that cause absenteeism in a workplace. This is supported also by my observation at Valkenberg Hospital, as nurses admitted that they are demotivated. Grobler et al., 2002:105 defines motivation as the force that energizes behaviour, provides direction to behaviour and underlies the tendency to persist, even in the face of one or more obstacles. In relation to absenteeism it is true also for Valkenberg Hospital based on findings by Borritz et al (2006:34). The afore-mentioned scholars posit that when motivation is low, morale is low and job satisfaction becomes low thus increasing absenteeism. In view of the capacity of some of nurse managers at Valkenberg Hospital, they have a tendency of ignoring the needs of nurses and also fail to acknowledge or complement nurses. Based on research by Pereira, Fonseca & Carvalho (2012:374), they argue that acknowledging the hard work nurses also

perform in psychiatric institutions under difficult working conditions can boost morale and further enhance the desire to be on duty as required.

1.3 Overall objectives of this study

Absenteeism of nurses in a psychiatric hospital is a problem for an employer. This study seeks to identify factors that contribute to absenteeism of nurses in acute psychiatric hospital in the Western Cape. Based on my research findings, I shall make suggestions to the hospital management on how to address nursing staff absenteeism.

1.4 Research Question

What are the factors that are causing absenteeism of nurses in an acute psychiatric hospital: Case study at Cape Town?

1.5 Aim of the study

The overall aim of this study was to describe factors that contribute towards absenteeism among nurses in an acute psychiatric hospital in the Western Cape Province of South Africa.

1.6 The overall objectives of the study are threefold, viz:

- I. To assess the individual nurses' reported reasons that contribute towards absenteeism from work.
- II. To identify factors that contributes towards absenteeism of nurses in an acute psychiatric hospital in Cape Town.
- III. To make recommendations that will be addressing absenteeism of nurses in an acute psychiatric hospital in Cape Town.

1.7 Research Methods

1.7.1 Research design

A quantitative descriptive design was used in this study to describe factors that are causing absenteeism of nurses in an acute psychiatric hospital in Cape Town.

1.7.2 Study Population

The study was carried out in an acute psychiatric hospital in the Western Cape. The population was all permanent nursing staff at the operational level in Valkenberg Hospital. Participants were all categories of nurses from all the units at the hospital, including acute units, forensic and outpatient departments. This included operational managers, registered professional nurses, enrolled nurses and enrolled nursing assistants. Senior nursing management staff was excluded from the study as they are not at the operational level and are not based in the wards. The target group was all different categories of nursing staff at Valkenberg acute psychiatric hospital that consented to participate in the study. The participants were all able to converse, read, write and speak English.

1.7.3 Sampling

The participants in this study were selected using convenience sampling method. Every nurse that was readily available in the ward was approached and informed about the study (Brink, Walt & Rensburg 2012:137; De Vos, Strydom, Fouche` & Delpont, 2011:230). Only 135 (67.5%) nurses agreed to participate in the study.

1.7.4 Inclusion criteria

The following criteria were used for including participants in this study:

- I. Appropriate nursing qualifications. These are as follows;
-Qualified 1 year Enrolled Nursing Assistant course,

- Qualified 2 years Enrolled Nurse course,
 - 4 year Diploma in Nursing,
 - 4 year Bachelor Degree in Nursing and
 - Any post graduate diploma in nursing (Psychiatry, Midwifery, Education or Administration)
- II. Registered with South African Nursing Council (SANC) and with a valid SANC receipt for the year the study was being conducted.
 - III. Permanently employed at Valkenberg Hospital and Community Service Nurses.

1.7.5 Exclusion criteria

- I. Agency nurses,
- II. Nurses who participated in the pilot study, and
- III. Area managers.



1.7.6 Pilot Study

In this study a pilot study refers to a smaller version of a proposed study which is conducted to refine the methodology such as the treatment, instrument or the process of data collection, (Burns & Groove, 2009:44; Neuman, 2000:166). The pilot study was conducted under similar conditions of the actual study by recruiting small group of nurses to answer a questionnaire that was used as the only tool to collect data for this study (De Vos, et.al 2011:237). The questionnaire in this study was issued to a smaller group of participants to check if they would understand and be able to answer a questionnaire appropriately (De Vos, et al. 2011:237 & Brink et al 2012:56-57). Participants of the pilot study were not included in the eventual survey for the current study.

1.7.7 Reliability and validity

Reliability addresses the accuracy of the research methods and techniques that produce data (Burns & Grove, 2007:40). In this study a pilot study was done to test the questionnaire for reliability and validity. In this study reliability refers to the consistency with which an instrument measures what it is supposed to measure, while validity is the extent to which an instrument measures what it is supposed to measure (Burns & Grove, 2005:552; Neuman, 2000:164; Bink et al, 2012:169; De Vos et al. 2011:177). In this study reliability was ensured as there were limited errors in the findings of this study. Nurses were able to answer and understand the questionnaire. This study also draws on Burns and Grove (2005:378) who describes validity as a reflection.

Construct validity measures the relationship between the conceptual and operational definitions (Burns & Grove, 2005:268; Neuman, 2000:170). The questionnaire in this study was also given to five experts to confirm, face, content, criterion validity and legitimacy of the tool and they were satisfied with the nature of the questions in the survey.

1.7.8 Measurement instrumentation

A self-administered questionnaire and hospital records were used to identify factors that cause absenteeism of nurses in an acute psychiatric hospital in the Western Cape Province. The questionnaire consisted of the following three sections: Section A, biographic data; Section B, reasons for absenteeism; and Section C, an open-ended question. Participants were required to tick appropriate answers in the questionnaire.

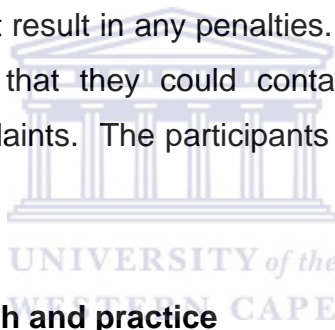
1.7.9 Data collection, management and Analysis

Quantitative data was quantified and analysed. The quantitative analysis of the questions was done on all 135 questionnaires. Findings were presented in pie charts, linear graphs, texts and they were interpreted and discussed.

1.8 Ethical considerations

Written informed consent was obtained from all participants. The proposal and informed consent to conduct this study was approved by the University of the Western (UWC) Cape Higher Degrees Committee. The department of health authorised Valkenberg Hospital to allow the study to be carried out. I adhered to the principles of the declaration of Helsinki (i.e. subjects must be volunteers), and written informed consent was obtained from the participants.

Prior to obtaining informed consent from the participants, I explained the nature and purpose of the study to them. Confidentiality and anonymity were maintained. The participants were informed that participation in this study was voluntary and that refusal to participate would not result in any penalties. The participants were provided with contact information, so that they could contact me in the event of further questions, comments or complaints. The participants could also drop out of the study if they wished so.



1.9 Implications for research and practice

I anticipated that the outcome of the research study would include recommendations for better ways of addressing absenteeism of nurses in an acute psychiatric hospital in the Western Cape Province.

1.10 Dissemination of results

A thesis has been written and made available electronically and in hard copy in the university library. Papers will be presented at local and international conferences and published in peer-reviewed accredited journals.

1.11 Limitations of the study

Recruitment of participants in this study is from one acute psychiatric hospital, in city of Cape Town. Therefore staff members at other psychiatric hospitals were not included

in the study. There is likelihood that I would have captured the different challenges facing staff members of other hospitals. The second limitation was that the time frame of the study was short and therefore did not allow me plentiful time which could have even allowed me to interview more staff members, even other hospitals. The third limitation was funds. The study was privately funded. Due to financial constraints, I as the researcher, managed to conduct the study in one hospital only. It is also for this reason that convenience sampling was chosen.

1.12 Structure of thesis: chapter outlines

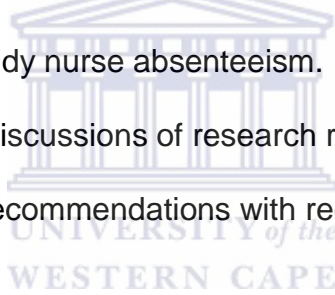
Chapter 1: Introducing the problematic of nurse absenteeism.

Chapter 2: Literature review on nurse absenteeism.

Chapter 3: Methodology to study nurse absenteeism.

Chapter 4: Presentation and discussions of research results on nurse absenteeism.

Chapter 5: Conclusions and recommendations with regard to nurse absenteeism.



1.13 Summary

This study evaluates factors causing absenteeism of nurses in an acute psychiatric hospital in the Western Cape Province. This research specifically explores the reported individual reasons for being absent from work.

CHAPTER 2

Literature Review: on nurse absenteeism

2.1 Introduction

This chapter explores the literature on factors contributing towards absenteeism in a workplace. Databases used for the literature search included, Google Scholar search, PubMed, Medline, EbscoHost, the National Library and other sources. International and national literature was searched. The theoretical frame work of absenteeism that guides the study is also covered in this chapter.

Absenteeism is a growing world-wide concern as organizations cannot be functional and successful without employees who show up at work (Harte, Mahieu, Mallett, Norville & Vander Werf, 2011:14). Valkenberg Hospital is no exception as it also needs nursing staff to show up at work and not only to show up and be ready to give their full attention to their work: taking care of their patients. The shortage of nurses is a major problem in many countries, where the demand for nursing care is escalating and nursing responsibilities are widening. It is estimated that in 2020 in the United States, the demand for nursing services will surpass the supply by nearly 30%. The shortage of nurses will also worsen due to the demand of nursing services that are increasing as a result of longer life expectancies and majority of people living with chronic diseases. Absenteeism of nurses puts a major strain on an existing problem of shortage of nurses (Roelen et al, 2013:367).

A lost day at work is more than the salary and benefits paid for that day; a comprehensive evaluation recognizes the impact on the organization's bottom line and profits (Harte et al, 2011:14). The employees' absence from work is, at present, an imperative problem in different countries world-wide and entails high costs for the organizations (Bargas & Monteiro, 2014:533). In order for Valkenberg Hospital to operate smoothly, it requires regular attendance of staff. When a nursing staff is absent from work at Valkenberg, many matters need to be reviewed, including

associated costs for replacement with agency staff members. When an employee is absent from work due to an illness, it is regarded as a major public health and economic problem in countries where employees receive paid leave from work because of sickness or injury. The costs of sickness absence are very high in many organizations (Roelen et al, 2013:453). In South Africa as it is in other countries, sick leave is paid for. Valkenberg Hospital also has to continue rendering care and rehabilitation to the patients regardless of the fact that employees are absent due to sickness. The hospital also has to pay staff members that are called in for overtime or agency nursing staff while at the same time the person absent on sick leave receives pay.

It has been documented that in British hospitals where nurses are overworked and underpaid, the sickness absenteeism apparently costs the government billions of pounds (Bargas & Monteiro, 2014:533). The British hospitals are additionally challenged with poor patient and nurse ratio, staffing levels which are often worsened by a high rate of absenteeism among nurses. Their nurses are working under continuous threats of public violence and criticism (Rauhala et al, 2007:287). The South African health institutions are also faced with similar challenges of poor working conditions and low pay which contribute to nurse absenteeism. Physical exhaustion from workload also leads to absenteeism (Ngomezulu, 2000:30 & Bydawell 2000:16). Valkenberg Hospital staff members are also facing criticisms from patients' family members that they care for.

2.2 Theoretical Framework

2.2.1 Theory

In this study, I used motivational theory by Maslow as I link absenteeism with demotivation and dissatisfaction of nurses at their work places. In this thesis, `theory` refers to the creative and rigorous structuring of ideas that project a tentative, determined, and systematic view of phenomena (George, 2002). According to LoBiondo-Wood and Haber (2010:58), `theory` is a set of interrelated concepts,

definitions and propositions that present a systematic view of phenomena for the purpose of explaining and making predictions about those phenomena. It is further viewed to suggest a direction on how to view facts and events. Theories cannot be equated with scientific laws, which predict the results of given experiments hundred percent of the time (George, 2002). Pilot and Beck (2006:511) refer to `theory` as an abstract generalization that presents a systematic explanation about the relationships among phenomena.

2.2.2 Framework

In this thesis, a framework refers to the abstract, logical structure of meaning, such as a portion of a theory, which guides the development of a study. It is tested in the study and it enables the researcher to link the findings to the body of knowledge used in nursing (Burns & Groove, 2007:540). A conceptual framework or theoretical framework of a research report is a structure of concepts and theories pulled collectively as a map for the study (LoBiondo-Wood & Haber, 2010:57). The rationale for the map of the study provides rationale for the construction of research questions or hypotheses (LoBiondo-Wood & Haber, 2010:57).

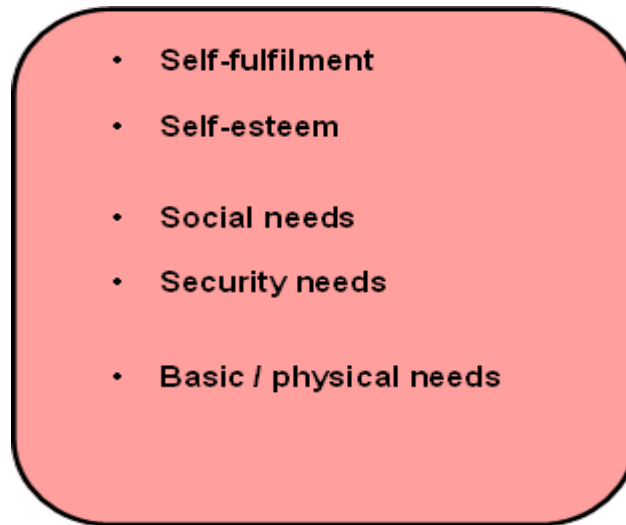
For the purpose of this study, I used a motivational theory (the Maslow hierarchy of needs). The study explores the factors contributing towards absenteeism, and the literature shows that the fundamental reason is lack of motivation from employees. Motivation is the “force that energizes behaviour, gives direction to the behaviour and underlies the tendency to persist, even in the face of one or more obstacles” (Grobler et al, 2002:105). A manager should make time to meet the employees` crucial needs or basic requirements in order for them to work productively. Without any doubt, the time spent talking to the employees, attending to their basic needs and observing their behaviour is very important (Grobler et al, 2002:105).

2.2.3 Maslow`s Hierarchy of Needs.

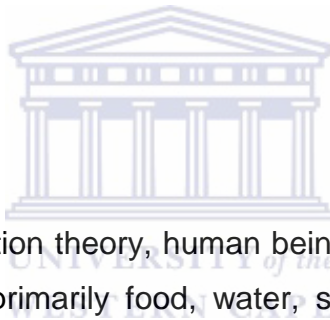
This theory was developed by Maslow in 1954 “postulated the concept of needs which he believed were fundamental to the personality of an individual” (Armstrong, 2001:159). Maslow believed that when a need occurs, motivational tension develops and is directed towards satisfaction of the felt need (Grobler et al, 2002:105). Abraham Maslow documented five major needs categories that apply to people in order for them to be inspired and motivated in general (Armstrong, 2001:159 and Grobler et al, 2002). In relation to absenteeism of nurses at Valkenberg it appears that, nurses are demotivated to work at the hospital as they are not happy about certain issues.

This theory was chosen to address absenteeism of nurses at Valkenberg as the literature shows that when the needs of the employees are not met, dissatisfaction takes place, and this can, in turn, result in absenteeism. Nurses at Valkenberg Hospital are not homogeneous; coming from different backgrounds, the nurses significantly have different needs. In view of absenteeism at Valkenberg Hospital, Maslow hierarchy of needs theory will address most fundamental needs that nurses are generally confronted with on a daily basis. Hence, I used this theory to address absenteeism of nurses at the hospital. Maslow posits that human beings are motivated by five basic and crucial needs. He developed a pyramid illustrating the needs which he referred to as the 'hierarchy of needs`.

Figure 1 Maslow' hierarchy of needs pyramid



Source: Grobler et al, (2002)



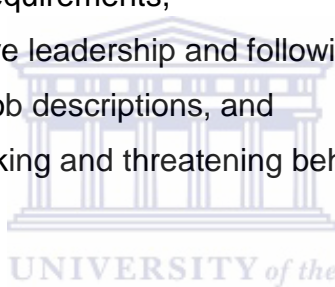
2.2.4 Physical needs

According to Maslow's motivation theory, human beings are concerned with the basic fundamental needs that are primarily food, water, shelter and clothing (Armstrong, 2001:159). Moreover, a furnished pleasant and comfortable working environment or office is important for the employees' well-being (Carrel, Elbert & Hatfield, 2000). Furthermore, there must be programs that provide for child care in the working place and elderly care services in the communities. This would appear to be in line with the most needs of nurses at the institution where the study was carried out. At Valkenberg Hospital, however, there are no facilities for children despite the fact that most of the employees are at a child-bearing age. In addition, others are grandparents who must take their children to other institutions before going to work. Employees must be provided with "comfortable" salaries, as nurses always complains of being under paid, they believe that the job they are doing in the psychiatric institution is risky and patients can be dangerous (Carrel et al., 2000).

2.2.5 Safety or security needs

Nurses, like any other employees, need an environment that is protected against danger (Armstrong, 2001:159). These needs include security in the work place that protects nurses' emotional well-being and prevents physical harm, thus reducing absenteeism (Grobler et al, 2002:105). Nursing of patients, particular at Valkenberg Psychiatric Hospital, where the study was conducted can be dangerous and nurses need to feel safe at their working place (Grobler et al, 2002:105). The most important security need for nurses is job security (Armstrong 2001:159). According to Carrel et al. (2000), safety and security needs include the following dimensions:

- I. Adhering to protective rules and regulations, hazard-free work,
- II. Minimizing risk-taking requirements,
- III. Providing strong directive leadership and following chain-of-command policy,
- IV. Providing well defined job descriptions, and
- V. Minimizing negative striking and threatening behaviour.



According to Aamodt, (2004), if these security needs listed above are taken into consideration, it is assumed that nurses will feel safe and comfortable, and, in turn, improve on their attendance record.

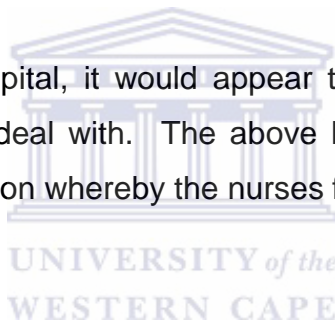
2.2.6 Social needs

It is every employee's fundamental need to be in social relationships, inside and outside the work place. A good relationship is a corner-stone for group cohesion. From my observations and (sometimes) discussions with nurses, I can state that most of them are single. Belonging to this category are those who are divorced. Nurses' social needs are compromised. Nurses may also not have quality time with their partners and children when they get home because of too much exhaustion. (Grobler et al, 2002: 106). In addition, individuals need affection and acceptance by colleagues to enjoy a sense of belonging to a group. It is common to observe that nurses group themselves as per their ethnic group and because of the language they speak

(Armstrong, 2001: 159). It is challenging and frustrating to work with a group that does not accept you as part of them as that is likely to lead to absenteeism. Furthermore, Carrel et al. (2000) argue that social needs in nursing can be addressed as follows:

- I. encouraging team building,
- II. systematically use organization-wide feedback survey to listen to the needs and concerns of nurses,
- III. providing close personal leadership with immediate supervisor or nurse operational manager in the unit,
- IV. encouraging professional-group participation for the better achievement of nurses' goals, and
- V. compensation on basis of total team performance of nurses.

In relation to Valkenberg Hospital, it would appear that severe shortage of nursing personnel is often difficult to deal with. The above listed social needs are also not always met, leading to a situation whereby the nurses feel forlorn and frustrated. .



2.2.7 Need for self esteem

Need for self-esteem is fundamental for the on-going confidence of nurses as it lays a foundation and guidance for the institutions in terms of staff development (Grobler et al, 2002:105). The hospital is failing nurses by not addressing this need. When there is low self-esteem amongst nurses, by so doing, the hospital may play a role in sowing seeds of low self-esteem and dissatisfaction amongst the nurses because of the following reasons: first, they will feel that their skills are not utilised and not being acknowledged, and secondly, they will feel that the institution does not appreciate them. This will eventually lead to poor service delivery from the nurses. (Grobler et al, 2002:105).

The needs for self-esteem can be addressed by employing the following measures:

- I. including employees in goal-setting and decision-making processes,
- II. providing opportunity to nurses to display skills and talents, and

III. prizes and incentives as recognition for growth.

In the institution where the research was conducted, nurses have limited chances to make decisions with regards to governance of the institution, for instance new policies. Unfortunately, they are merely expected or required to implement policies that even directly affect them, as they are at street level bureaucracy.

2.2.8 Self-actualization needs

This is the last and the fifth level of Maslow's hierarchy of needs. Self-actualisation needs are concern with the provision of opportunities and support for career-development plans. However, in nursing in particular, where the research was conducted, chances to be allowed to further your studies are limited as nursing management always consider operational requirements first. Self-actualization concerns supportive leadership that encourages a high degree of self-control. It points to staff job rotation to broaden experience and exposure. It is fundamental as it is about challenging internal and external professional development opportunities (Carrel, 2000).

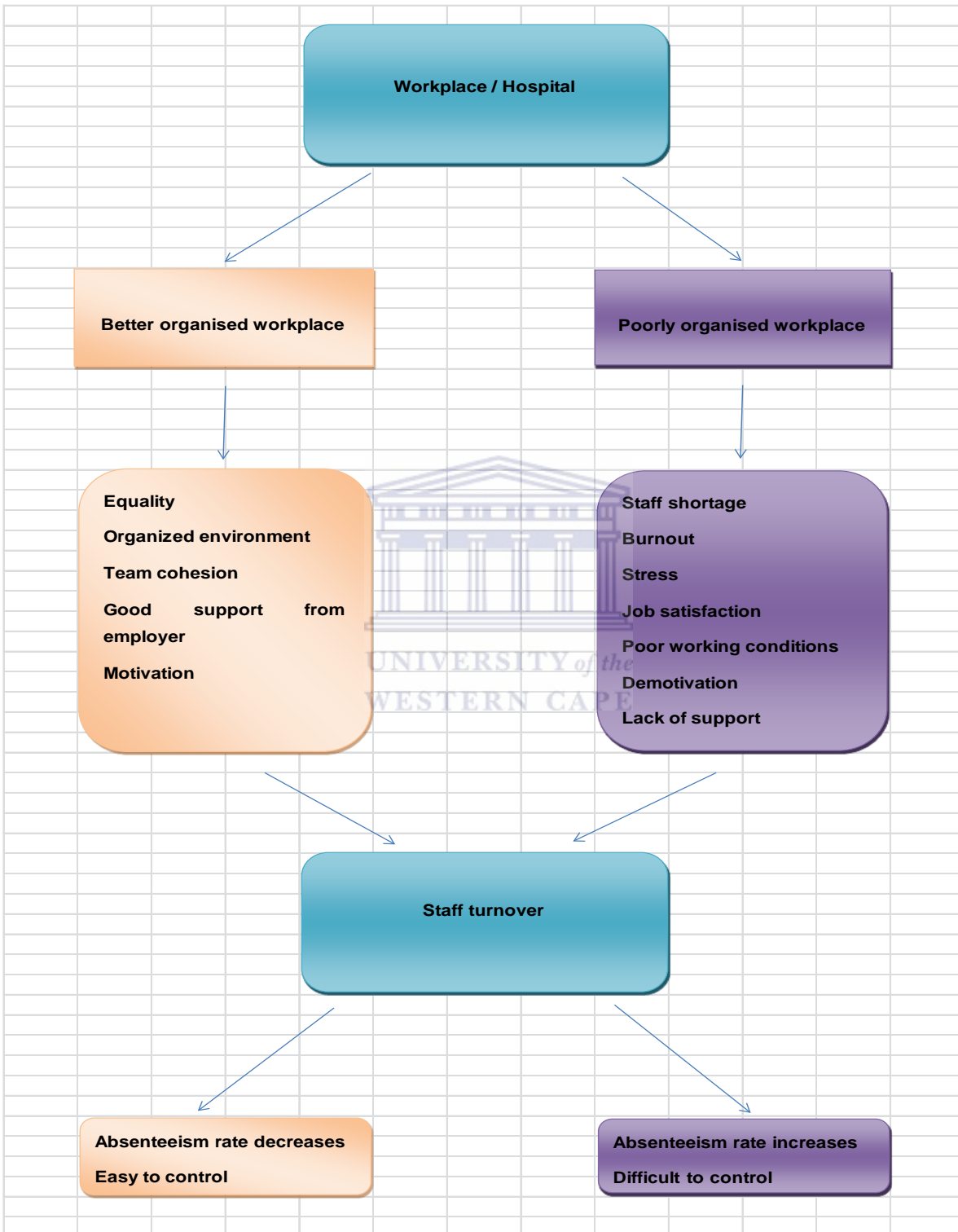
The majority of nurses like any other employees usually seek a fulfilling, useful life in the organization and in society (Grobler et al., 2002:105). Nurses have the need to develop potentialities and a skill to become what one believes he / she is capable of becoming. In nursing, in particular at Valkenberg Hospital, where the study was conducted, you can have that desire to develop yourself, but a challenge is the shortage of nurses and because of that, management do not release a lot nurses because the hospital must be still covered, (Armstrong, 2001:160). Not allowing employees to display their potentials and recognizing their views can be demotivating.

Maslow's theory of motivation states that when the lower need is satisfied the highest becomes dominant. The individual's attention is turned to satisfying this higher need.

Psychologically, development takes place as people move up the hierarchy of needs. However, this is not necessarily a straight forward progression (Armstrong, 2001:160). In relation to Valkenberg, it appears as if not all nurses follow Maslow`s order of needs as their priorities are not the same. Other needs can be addressed by starting in the middle or from bottom of the order.



2.3 Conceptual map



Developed by researcher with guidance from similar literature from Grobler et al., 2002.

2.4 Types of absenteeism

2.4.1 Unauthorized absence

Unauthorized absence is when an employee is absent from work without prior permission or notice. It includes the following dimensions:

- I. **Late coming:** late coming occurs when the employee is absent from work at the time when he or she was obliged to start render a service (Basic Conditions of Employment Act: 1997).
- II. **Absence from the working station:** absenteeism does not only entail a complete physical absence from workplace, but may also occur where employees are absent from their working station. This includes extended lunch breaks and smoke breaks (BCEA, 1997).
- III. **Sleeping on duty:** sleeping on duty has also been regarded as a form of absenteeism: when a person is physically present at work but mentally absent (BCEA, 1997).
- IV. **Attending to private business during working hours:** The employee may be present, but attending to matters other than the duties in terms of employment contract. Therefore he or she qualifies to be regarded as absent. It is equivalent to fraud, which is stealing of the employer's time. Such employee is subject to disciplinary action or should arrange to pay back the time spent on attending to personal things while scheduled for work (BCEA, 1997). In view of unauthorised absence as listed above, it appears to be also a challenge for Valkenberg Hospital.

2.4.2 Authorized leave

A leave is regarded as authorized if two parties, the employer and employee arranged and agreed upon the time of absence and the returning date or time. Taking leave might be due to family responsibilities or annual leave. This does not warrant disciplinary action and is the best practice to be followed. It reduces costs and proper arrangements for replacement of the employee can be made in advance. In relation to Valkenberg if the leave is arranged in advance, proper arrangements are made to cover a nurse that is on leave (BCEA, 1997).

2.5 Factors associated with absenteeism

Based on the literature review, the following factors have been associated with absenteeism in a work-place: job satisfaction, stress, physical condition, family responsibilities, burnout, working environment, unequal treatment of employees by employer, lack of support, age, gender, social life and incentive bonuses. Therefore, in this study, I will discuss these factors in an attempt to discover and answer the research question `factors causing absenteeism of nurse in acute psychiatric hospital case study in Cape Town`. I am of the view that the following factors are relevant and need to be explored to give meaning for this study in an attempt to discover or to answer the research question.

2.5.1 Job satisfaction

Research findings have linked job dissatisfaction with burnout, poor job performance, low productivity, and increase in staff turnover. This can cause strain and is costly to the institution (Mrayyan, 2005:41; Chirumbolo, 2005:65). The fundamental factor for a high turnover of nurses, low productivity, poor quality of work is job dissatisfaction and job insecurity (Pillay, 2009). In relation to Valkenberg Hospital, where it appears that, some of nurses who are dissatisfied with the working environment and with the remuneration system are likely to be absent.

2.5.2 Stress

Stress can be triggered when employees are overwhelmed by the workload, poor working conditions, inadequate leadership, shift work, uncertainty or conflict of interest, relationships and organizational atmosphere (Armstrong, 2001:853; Spear et al., 2004:58). Maloney (2012:111) argues that about a half of all employees turnover is caused by stress. Therefore, it seems that stress is not restricted to Valkenberg Hospital; it is replicated in other hospitals and other organisations across South Africa. It is also something that continues to raise concern in many institutions.

The challenge of rapidly changing technology and increased demands for good quality products and services can also contribute to increased stress levels at work (Grobler et al., 2002:440). South African Police Service (SAPS) workers retire before the expected age because of the stressful nature of their work. Stress results in low productivity, increased absenteeism and a high turnover mainly in an uncomfortable living or working condition (Grobler et al., 2002:440). Although some stressors can be removed, it is not likely that we will ever live in a stress free world (Nel et al., 2004:292). Work overload and interpersonal conflicts are considered sources of stress in some occupations, where employees are required to meet the ever-increasing needs of customers (Jaramillo et al., 2011:339). The results of uncontrolled stress can be harmful and costly to the individual and, as a results, the organization may be forced to call for overtime or agency staff as replacement (Nel et al., 2004). Furthermore, in relation to Valkenberg Hospital, agency and overtime budget finishes before the end of the financial year. Due to these budget constraints, the under staffed nursing personnel is forced to do all the work left behind. It is common knowledge, therefore, that service delivery will suffer a great deal.

2.5.3 Physical condition

Sickness, both minor and serious, is the most common cause of absenteeism of nurses at the workplace (McHugh, 2001:49; Timmins & Kaliszer, 2002:255; Yende, 2005:22). Increased numbers of individuals with Acquired Immune Deficiency

Syndrome (AIDS) is a strain and a challenge for organizations. The loss of highly skilled workers leads to more absenteeism and high turnover (Nel et al., 2004:297). Absence as a result of sickness is unpredictable, as the employee does not plan to fall sick (Cole, 2002:62; Rauhala, Fagerstrom, Virtanen, Vahtera, Rainio, Ojaniemi & Kinnunen, 2006:286).

Absence as a result of sickness affects the level of service delivery, production and it remains a challenge to manage in most of the organizations (Rauhala et al., 2006:286; Cole, 2002:62). In contrast, this absence may help the employees to cope with sickness, as long as the absence is explained by a medical certificate (Westman & Etzion, 2001:595; Benavides, 2006:229). In view of physical conditions with regard to nursing personnel at Valkenberg Hospital, fifty to sixty percent of nurses are 50 to 60 years old. Therefore, they are prone to physical ailments like hypertension, diabetes and other medical conditions as they are aging.

2.5.4 Family responsibilities

Family responsibility is a major cause of absence in the hospital. Sick family members, in particular, children, are core reasons for absence among women of the child-bearing age (Borda & Norman, 1997:391). This appears to be common at Valkenberg, where the research was conducted during the winter season when most common colds, allergies are likely to be experienced as it is rainy and wet in the Western Cape Province. Female nurses are bound to utilise mostly this type of leave as it is expected of them to play the role of caring for children (Casini, Godin, Clays & Kittel 2013:636). It seems that this form of absenteeism reduces as the children get older and are able to take care of themselves and their siblings. Therefore, as nurses` children grow older, family responsibility, as a challenge decreases. It would appear that male nurses usually utilise family responsibility as a paternity leave when their spouses are giving birth.

2.5.5 Burnout

Burnout is referred to as a total exhaustion of emotional, physical and mental resources as a result of excessive struggle to reach an unrealistic work-related goal (Gül et al., 2011:123). It can be combined with an overload of job stress in nursing (Nel, van Dyk, Haasbroek, Schultz, Sono & Werner, 2004:291; Wilcockson, 2011:402; Lapointe et al., 2012; Gül et al., 2011; Spear et al., 2004:58). Burnout syndrome which is regarded as one of the largest organisational challenges has convincing results and effects on nurses, clients and the workplace as this can be drawn also at the case of Valkenberg hospital where the study was conducted. Nurses, who experience burnout experience stress, always arrive late for work, have significantly escalated absence graphs and often report being demotivated and discouraged (Gül et al., 2011:123). Burnout occurs when a nurse is unable to deliver as expected and is unable to meet job requirements. As the stress levels build up, nurses or even other employees begin to lose interest and become demotivated to take on or carry assigned tasks (Wilcockson, 2011:402). Nahrgang (2011:70) argues that the presence of job demands, lack of support, lack of skills, and staff shortage are related to increased employee burnout and absenteeism.

Furthermore, burnout in nursing and other professions is caused by a lack of professional development, poor communication skills and poor leadership style, such as the autocratic style (Spear et al., 2004:58). Burnout is mainly witnessed in professional groups which require direct relationship and face-to-face interaction with people they are serving (Gül et al., 2011:122). In this regard, burnout is regarded as a common problem for lawyers, nurses, police officers, social workers, priests, academicians, medical doctors and teachers. Wilcockson (2011:402) adds that burnout has an economic cost, causing absenteeism, increasing employee turnover and preventing people from working at their level best. It appears that burnout is not only a Valkenberg case, instead, it extends across the globe, as majority of employees, including those in the United Kingdom (UK) complain of work-related stress and burnout at some point in their lives. This is supported by Wilcockson

(2011) who states that burnout is becoming more noticeable and common in a wide range of working environments.

2.5.6 Working Environment

Much has been written about interventions to improve the nursing work environment. However, most of these studies provide advice on work environment interventions and do not report actual implementation or effectiveness of the interventions (Donna et al., 2010:3). In relation to working environment at Valkenberg Hospital, it would appear that the lack of resources and the physical layout of the workplace compromise the quality of services rendered and comfort of nurses, thus increasing absenteeism. If a working environment is not well organised, injuries are common in the workplace. This is common in Valkenberg, where nurses work with aggressive and violent patients. It is sometimes due to needle prick while administering medication to a difficult patient (Hendricks & Layne, 1999). Moreover, nurses are exposed to dangerous patients who are unpredictable. Sometimes, nurses are physically assaulted by mentally ill patients. When the working environment is not conducive, employees are likely to be absent from work or be injured repeatedly, leading to absence from work (Biron & Bamberger, 2012:109).

2.5.7 Inequality

Several studies have found that African American and other racial minorities tend to receive lower quality health care than whites, even if they had the same insurance income as whites (Jha, 2005; Smedley, Stith & Nelson, 2003; Sonel et al., 2005; Carol & June, 2009:51). Black managers in South Africa complain that they are expected to prove themselves more before being promoted, while white managers are promoted on the mere basis of their potential (Grobler et al., 2002:49). It appear that unequal treatment of employees, is not confined to Valkenberg but it is replicated across the globe. Many African-American employees for instance, still encounter subtle, and sometimes, overt institutional racism and inequality in the workplace (Carol & June, 2009:50).

2.5.8 Lack of support

Teamwork is regarded as positive work relationships among nurses or other personnel. Inter-professional relations, group cohesion, social support, collaborative decision-making, and the amount of clinical support contribute to positive relationships (Donna et al., 2010:3). Newly appointed nurses require support from management and from their colleagues as they are still new in the environment (Sellgren, Ekvall & Tomson, 2008:579). This is likely to reduce anxiety and boost confidence. In relation to this study, it seems that lack of support from colleagues, management and poor working relations of newly appointed and older nurses is likely to cause absenteeism.

2.5.9 Age

Younger employees are more prone to absenteeism than older employees, and this applies to the nursing profession (Armstrong, 2001:53). Absenteeism of employees can be linked to age. Mostly, senior employees in public sector are more settled and focused compared to their juniors, the majority of who are younger (Taunton et al., 1995: 218). They tend to be more satisfied at their workplaces (Taunton et al., 1995:218; Siu, 2002:220; Cohen & Golan, 2007).

Furthermore, females experience their highest absenteeism rates at child bearing age and their lowest rates productivity when they grow older (Scott & McClellan, 1990:2). Young men are more prone to sickness leave than older men because of their life style (Reis, Rocca, Silveira, Bonilla, Gine & Martin, 2003:617). In contrast, with my observations, it would appear that older nurses at Valkenberg Hospital where the study was conducted are more absent compared to the younger or junior nurses. These observations are supported by Reis et al., (2003:632) who state that nursing personnel absenteeism has the tendency to increase with age because nurses stand for longer hours. Based on research by Isah, Omorogbe & Oyovwe (2008:6), they found that junior nursing workers have more energy and they love their jobs and, therefore, they are likely to be less absent as compared to the senior nurses. It is not always the case, but, generally, senior nurses are older than their junior counterparts.

2.5.10 Gender

Female nurses are more likely to be absent at work than male nurses (Armstrong, 2001:53). Women play an important role in preventing the skills shortage in the South African economy. Usually, female nurses are bound to multi-task. They normally combine their work responsibilities with those of marriage and parenting (Erasmus & Brevis, 2005:51). This, in turn, is likely to adversely affect their productivity and attendance at their work-places (Yende, 2005:25). This is usually experienced at Valkenberg Hospital. Consequently, during their child-bearing age, female nurses are relatively more absent than their male counterparts.

The responsibility for female nurses, compounded with different tasks, place tremendous pressure on them because of lack of resources at their work place such as childcare facilities. This can be considered as a reason for female nurses being more likely to stay absent from the workplace than males to care for children. The situation becomes worse during the rainy season when their children are more likely to be sick. Based on Siu (2002:220); Johnson et al. (2003:338); and Yende (2005:25), female nurses are more absent than male nurses due to stress and physical conditions. Although female nurses are found to be absent more, they are absent for short periods while male nurses are absent for longer periods (Prado & Chawla, 2006).

2.5.11 Social life

Substance abuse is defined by the use of alcohol, drugs, “tik”, dagga and other forms of substances which cause difficulties at work such as absenteeism, low performance standards and interpersonal problems (Armstrong, 2001:861). Increase in frequency of absence from work has been noted amongst nurses who abuse alcohol and drugs, mostly on Mondays and after pay days (Booyens, 1998b:356). Some nurses use substances to cope with work stress and family problems. Others, however, use drugs for mere pleasure (Foster & Vauhan, 2004:31). Substances have high addiction effects that are detrimental to one`s work as those who are affected do not perform without taking drugs. In this case, the employees start to be dependent on the substances; they may not function (optimally) without the substances. Employers

must take note and monitor the reduction of performance, not reporting on duty on time, loss of productivity, increased errors, failing to meet deadlines, and a high rate of absenteeism, as these are likely the indications of substance use (Foster & Vauhan, 2004).

Nurses who abuse substances cost hospitals a lot of money because of absenteeism, occupational accidents, damaging instruments, misuse of consumables and poor patient care (Foster & Vaughan, 2004). In relation to social life, it would appear that, Valkenberg Hospital like any other organisation is negatively affected by the use of substance as the employees who abuse substances have bad attendance records and increases absenteeism rate.

2.5.12 Incentive bonuses

Poor administration of incentives such as bonuses due to the lack of skills by nursing management is causing a lot of problems in the workplace, in particular in the nursing department (Tourangeau, Hall, Doran & Petch 2006:135). The tool used to measure staff performance is friendlier for the organization that is inclined to production. In nursing, it is difficult to measure the production from individual point of view because of the nature of work nurses perform (Koekmoer & Mostert, 2006:88). It would appear that, the problem starts when bonuses are paid only to some of the nurses at the hospital, thus making those who do not receive feel marginalized and dissatisfied. This can eventually lead to or increase absenteeism. The disenchanting nurses may be dissuaded from maintaining a good attendance record.

2.6 Summary

This chapter presented the theoretical framework and conceptual map to address absenteeism. Furthermore, the literature on different factors that are causing absenteeism of nurses was discussed.

CHAPTER 3

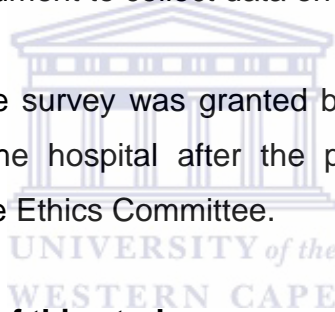
Methodology to study nurse absenteeism

1 Introduction

This chapter provides an overview of the research methodology used in this study. The study population, sampling method, data collection procedure and the study design are described. In addition data analysis, validity and reliability of the study and ethical consideration are also discussed.

The sample for the study was drawn from an acute psychiatric hospital within the Western Cape Province: Valkenberg Hospital. A questionnaire consisting of three sections was used as the instrument to collect data on absenteeism.

The permission to conduct the survey was granted by the department of health and the research committee of the hospital after the proposal was approved by the University of the Western Cape Ethics Committee.



3.2 Research components of this study.

A research design is a blueprint for conducting a study that maximizes control over factors that could interfere with the validity of the findings. It is a set of logical steps taken by the researcher to answer the research question (Brink et al, 2006:92).

Blanche et al. (2006:34) define a research design as a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research. Blanche et al (2006:34) state that, research designs are plans that guide the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. A research methodology is the “process or plan for conducting specific steps of the study” (Burns & Grove (2009:696).

The study design used in this research was quantitative in nature. The goal of the study was to describe the factors causing absenteeism of nurses in an acute psychiatric hospital in Cape Town.

3.2.1 Quantitative approach to this inquiry

In this study quantitative research is referred to as an assessment of phenomena that lend themselves to specific measurement. It is suitable for this study as it is a controlled design and quantifiable (Polit & Beck, 2006:508). This study employed a quantitative approach as it is the best approach to answer the research question.

3.2.2 Descriptive inquiry

Burns and Groove (2011:256) state that the descriptive study is designed to gain more information about characteristics within a particular field of study. In this study, the purposes of the descriptive design is to provide a clear picture of the problem at one point in time and there is no manipulation of variables in this design (Burns & Groove, 2011:256). In this study no effort is made to alter behaviour or conditions; things are measured as they are. A descriptive design was used in this study to identify the phenomenon of interest, identify variables within the phenomenon, and develop conceptual operational definitions of variables and their description (Burns & Groove, 2003:480).

3.2.3 Survey instruments in this study

In this study, survey instruments are used to collect detailed descriptions of existing variables and use the data to justify and assess current conditions to generate more ideas for improving health care practice (LoBiondo-Wood & Haber, 2010:587). These studies can be categorized as descriptive, exploratory or comparative (LoBiondo-Wood & Haber, 2010:198). The main advantage of surveys in this study is that they are inexpensive to conduct.

3.3 Population size of this study

Burns and Groves (2011:51) define a research population as “all elements (individuals, objects, or substances) that meet certain criteria for inclusion in a study”. A population is a larger pool of individuals in which sampling elements are drawn, (Blanche, Durrheim & Painter, 2006:133).

The study was carried out in an acute psychiatric hospital in Cape Town: Valkenberg Hospital located in the Western Cape Province of South Africa with the population of approximately two hundred nurses. The population of the study comprised of permanent, probation and community service nurses that are working at ward level. Ward managers (also called operational managers); registered professional nurses, staff nurses and auxiliary nurses were recruited to participate in the study. All the nursing categories that were willing to participate from different units in the hospital including acute units, forensic and outpatient department were recruited. Of the 200 nurses in the hospital, 135 nurses from different nursing categories and units returned completed questionnaires. Senior nursing management were excluded from the study because they are not based in the wards. All participants were able to converse, read, write and speak English.

3.3.1 Sampling in this study

In this study, sampling involved nurses at Valkenberg Hospital who were the target group to be the participants in the research survey. Sampling can be conducted in different ways according to the type of study (Durrheim & Painter, 2006:564).

Sampling is divided into two categories: probability and non-probability sampling. Probability sampling is expensive and difficult to sustain (Blanche, Durrheim & Painter 2006:139). In this study, I used non-probability sampling as it is inexpensive and more convenient, even if I am unable to locate the entire population (Brink et al., 2006:131).

The sampling design employed and considered to be appropriate in this present study was non-probability sampling, in particular using convenience sampling. I selected the nursing department within an acute psychiatric hospital that has many other departments. In this study convenience sampling was used as it was inexpensive, accessible, and usually less time consuming than other types of samples (Burns & Groves 2011:305). Furthermore, I considered this type of sampling as convenient for the health care setting or environment as there is limited time to conduct surveys. In most healthcare studies, most researchers often use a sample of convenience (Burns & Groves, 2011:305).

3.3.2 Sample size of this study

Brink et al, (2006:135) posit that “selecting a sample size and obtaining the required size are problems that face every researcher”. However, that was not the case in the current study as all nurses work in the same hospital. In quantitative research a large sample size is an advantage as it will have proper representation of participants. Whereas in qualitative studies it is a disadvantage (Brink et al, 2006:135). According to Brink et al, (2006:135), very large samples or very small do not give good results for the study and a sample size is calculated per study and not transferred from another study. Blanche et al, (2006:134), states that the smaller the population size, the larger the percentage required, and, the larger the population size the smaller the percentage required.

In this study, one hundred and fifty questionnaires were distributed. One hundred and thirty five participants returned completed questionnaires. The population of nurses at the hospital where this study was carried out was two hundred. Thus, the sample size of sixty seven point five percentage 67.5% sample is acceptable for the study, as proper representation of nurses' categories was ensured.

3.4 Data Management

3.4.1 Data collection method in this study

The survey was carried out at Valkenberg Hospital where I am currently employed as a registered nurse. This made access to the participants easy and convenient. I arranged a meeting with the Head of the Nursing Department (HOD) and the senior nurse managers to discuss the possible ways of distributing and meeting with the nurses at large.

Nurse managers agreed and also informed their subordinates about the proposed study. Meetings were conducted in different wards or units with nurses and questionnaires were distributed by me. Participants were assured and informed that participation in the study is voluntary, and that anonymity would be guaranteed and information would be treated confidentially.

The study participants were handed the information leaflet explaining the study. I also gave the information to them by words of mouth. Participants were given time to consider their participation and ask questions regarding their participation in the absenteeism study. Those who agreed to participate in the study signed informed consent, separately from the questionnaire to maintain anonymity. Participants were given thirty minutes to complete questionnaires. The completed questionnaires were then collected by me and filed in a safe and secure place. I was the only one involved in the data collection process.

A total of one hundred and fifty questionnaires were distributed. Participants returned one hundred and thirty five questionnaires. This response rate was convenient and considered acceptable for the study.

3.4.2 Questionnaire structure used in this study

A questionnaire was formulated to assess factors contributing towards absenteeism of nurses in a psychiatric hospital. It was adjusted to suit an acute hospital environment.

The questionnaire comprised of the following sections:

- I. Section A: personal data or biographic information consisted of 16 items.
- II. Section B: this section consisted of statements or items that cause absenteeism. Data related to work environment, working conditions, satisfaction and dissatisfaction of employees, consisted 49 statements or questions, where question one to question seven were negative statements and question eight to question forty nine were positive questions.
- III. Section C: this section comprised only one open-ended question that allowed the participants to express themselves.

3.4.3 Advantages of a questionnaire for this study

Questionnaires allowed confidentiality and anonymity in this study. Thus, they were crucial in obtaining information about illegal or deviant behaviours (LoBiondo-Wood & Haber, 2010:277, Polit & Beck 2006:296). In this study, the use of a questionnaire avoided the possibility of the researcher influencing the information the participants would give. Thus I avoided the observer's paradox. It allows the participants to freely write what they want at their own pace. A questionnaire was used in this study as it is quick to collect information. Information in this study was collected from a large portion of a group even though it may take time to develop and analyse.

The use of a questionnaire was appropriate for the purposes of this study as it was carried out in the hospital and I did not want to interfere with the daily routine. It gave the participants time to be able to answer a questionnaire during the limited time that was agreed upon by me and hospital management.

3.4.4 Disadvantages of a questionnaire and how they are kept to a minimum in this study

People with lower literacy levels may have difficulty to complete a questionnaire (LoBiondo-Wood & Haber, 2010:277). This was not the case in this study. All the nursing staff at least had completed degrees and diplomas. Some had post graduate

qualifications. Participants may forget important issues as questionnaires like other evaluation methods occur after an event.

Open-ended questions can generate large amounts of data that can take a long time to process and analyse. In this study I had only one such question. Participants may also answer superficially, more especially if the questionnaire is long. However, in this study, the questionnaire was not long and participants were not writing down answers. They were just ticking next to appropriate choice. Where the answer to a certain question is not clear, it is difficult to contact the participants unlike face to face interviews where one can seek clarity as the participants give their views. As agreed with the management, I was always available whenever the participants completed the questionnaires. This was to ensure that I clarify any matter they were uncertain about and to minimise disadvantages of a questionnaire.

3.5 Data analysis used in this study

In this study, data analysis was done to particularise, arrange and give meaning to the data collected in the study (Burns & Groove, 2009:44). The quantitative data in this study was entered onto a Microsoft excel sheet and analysed. In this study, findings are presented in tables, graphs and texts, interpreted and discussed.

3.6 Reliability of the data and conclusions in this study

Reliability is concerned with the consistency of the measurement technique (Burns & Grove, 2007:364). The statistician guided, examined and approved the questionnaire to ensure the reliability of the data collection tool for this study. The use of the questionnaire in this study was fundamental as it continued to give consistent results. I collected the data and understood the purposes and procedure of the study very well.

3.7 Validity of the research survey results in this study

Validity is the extent to which an instrument measures what it is supposed to measure or the degree to which the instrument accurately reflects the abstract concept being examined (Burns & Groove, 2007:365; Burns & Grove, 2005:552; Neuman, 2000:164; Brink et al, 2012:169; De Vos et al. 2011:177). A pilot study was conducted to test the

questionnaire and to check the feasibility of the study prior to commencing data collection of the main study. This study spoke to the following four types of validity: Face validity, content validity, external validity and internal validity. Below, a definition of each type will be given, followed by a discussion of how it was ensured.

3.7.1 Face validity: relevance to this study

Face Validity is the verification that the instrument measures the content desired, (Burns & Groove, 2007:540). It is based on intuitive judgement. I used face validity to determine readability and clarity of the content (Brink, van der Walt & van Rensburg, 2012). For the purpose of this study, the instrument was pre-tested, through a pilot study, and all the relevant questions were used in the actual study, after the removal of duplicated and unclear questions.

3.7.2 Content validity: relevance to this study

According to Brink et al (2012), content validity is an assessment of how well the instrument represents all the components of the variable to be measured. The questionnaire was developed based on the existing literature regarding absenteeism of nurses. The essential causes of absenteeism were included in the questionnaire. The questionnaire was then presented to a group of four experts to evaluate each item on the questionnaire with regard to the degree to which factors contributing to absenteeism is represented and its suitability for use. The questionnaire was only available in English, and there was no need to translate the questionnaires into other languages.

3.7.3 External validity: relevance to this study

According to Polit and Beck (2004: 217), external validity is a way to generalize the research findings to the other settings or samples. The external validity in this study might have been compromised as all participants of this study were from one hospital in Cape Town and from an acute psychiatric unit.

3.7.4 Internal validity: relevance to this study

Internal validity / truth-value in this study was insured by being satisfied that the participants accurately understood the questions and agreed with the way they were interpreted. I clarified the information to the participants to ensure that it was correctly understood. Findings may be generalised to the hospital because a high percentage (67.5%) of nurse population was recruited.

3.7.6 Validation of data collected in this study

A daily review of data collected in this study was conducted by me, and the forms were dated, coded, and signed. The study faced a few biases, mainly information bias whereby the participants may have answered in an attempt to please me since as I am currently employed at the same institution. Double entry of data capturing in this study was managed by re-checking all data from questionnaires.

3.8 Pilot study used in this research

In this study, the pilot study was carried out under comparable conditions of the real study. The questionnaire was issued to a smaller group of participants to check for weaknesses and vagueness (De Vos, et al. 2011:237; Brink et al, 2012:56-57). A pilot study is a smaller version of a proposed study which is conducted to refine the methodology, such as the treatment, instrument or the process of data collection (Burns & Groove, 2009:44; Neuman, 2000:166). The participants of the pilot study were not included in the analysis of the actual study. For the pilot study, there were ten nurses from the same institution. The findings of the pilot study helped to rephrase section three of the questionnaire, as it was difficult for some of them to understand the question. After the changes, all of the participants were able to understand the question. Therefore, the pilot study smoothed the way for the proposed study.

3.9 Limitations of this study

As discussed in chapter one the first limitation was that the recruitment of participants in this study was from an acute psychiatric hospital, in one city, while staff members at other psychiatric hospitals were not included in the study. The second limitation was

that the time-frame of the study was short and, therefore, did not allow me enough time in the investigation. The third limitation was funds, as there was no scholarship or bursary secured. Therefore, the study was privately funded.

3.10 Ethical considerations in this study

Written informed consent in this study was obtained from the participants. The proposal and informed consent to conduct this study was approved by the University of the Western Cape Higher Degrees Committee (registration number, 13/7/25), and the department of Health Western Cape (reference number, RP 157/2013), as well as the Valkenberg Hospital Research Committee. I followed the propositions by the declaration of Helsinki (i.e. subjects must be volunteers), and written informed consent to participate in the research project was obtained.

Prior to obtaining informed consent from the participants, I explained the nature and purpose of this study. Confidentiality and anonymity all the times were assured. The participants were informed that participation in the research study was voluntary and that refusal or withdrawal from participation or failure to act accordingly would not result in any penalties. The participants were provided with contact information, so that they would contact me in the event of further questions, comments or complaints.

3.11 Summary of the research dimensions of this study.

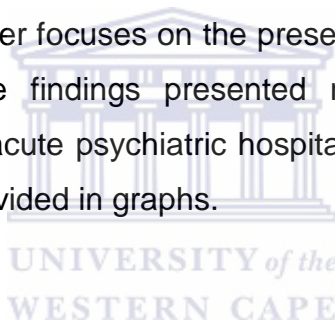
The research design, data collection and procedures were addressed in this chapter. The reliability and validity of the data collection instrument were substantiated. In the following chapter, findings of the study results are presented.

CHAPTER 4

Presentation and discussion of research results on nurse absenteeism.

4.1 Introduction

As mentioned in chapter one, the purpose of this study was to describe factors causing absenteeism of nurses in an acute psychiatric hospital. A sample of 135 (67.5%) nurses participated in this study, and it was drawn using convenience sampling method. It was drawn from the population of 200 nurses working at Valkenberg psychiatric hospital within the Western Cape Province. A questionnaire consisting of three sections was used in this study as the instrument to collect data on absenteeism of nurses. The research method used in this study was quantitative, descriptive design. This chapter focuses on the presentation and analysis of research findings of this study. The findings presented report on the factors causing absenteeism of nurses in an acute psychiatric hospital in Cape Town. The results of close ended questions are provided in graphs.



4.2 Section A

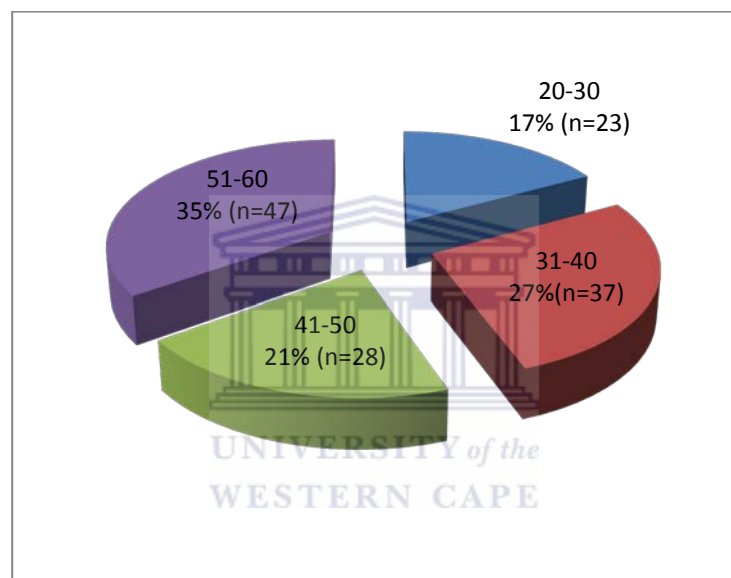
Section A of the questionnaire requested biographical data from participants. The biographical data was also correlated to absenteeism of nurses. The sample was well representative of the total population as all areas of the hospital were represented.

4.2.1 Age

The ages of the participants in this study are presented in figure 3 below. Participants were asked to identify which age group they belonged to. The age of the participants ranged from 20-60 years of age. The highly represented age group was 51-60 years with 35% (n=47) representation. The age group of 20-30 was the least represented with 17% (n=23). The age group of 31-40 years was 27% (n=37) and that of 41-50 years was 21% (n=28), they were almost equally represented.

It is clear that there is a high number of older nursing staff at Valkenberg as compared to the younger age groups. 35% (n=47) of the nurses, therefore, are heading towards the retirement age. In view of Valkenberg Hospital, there is a need for the hospital to recruit young people because in a period of 5 years, the majority of the staff will be retiring then.

Figure 3 Age group of participants.

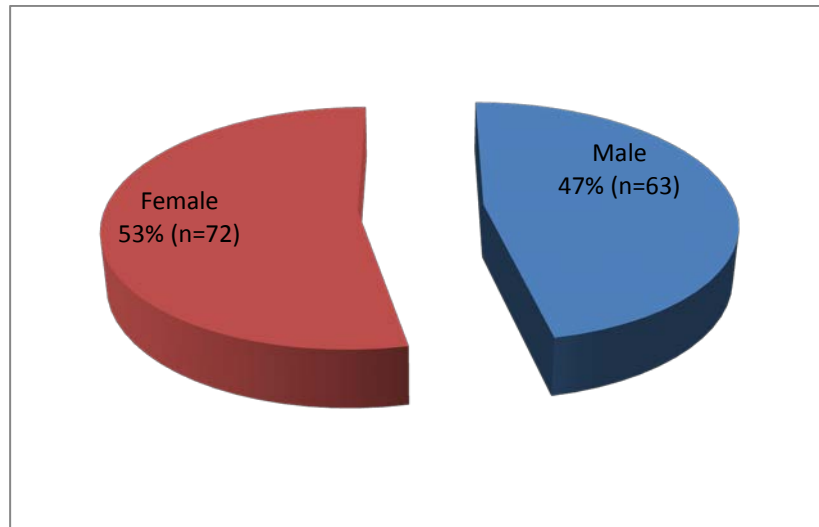


Based on Author`s Research Survey, (2014) question 1. (See appendix K.)

4.2.2 Participants by Gender

The females nurses were the more represented gender, with 53% (n=72). The male nurses were the less represented gender with 47% (n=63). It appears that females dominate in the nursing profession and males are the less represented gender in nursing. This goes a long way back since the time of Florence Nightingale; nursing has been stereotyped as a female dominated profession throughout the world. This stereotype, therefore, distorts the public's view of nursing (McLaughlin, Muldoon & Moutray 2010:304). This clearly shows that there is a need for more recruitment of male nurses at Valkenberg Hospital as it is dominated by male patients.

Figure 4 Participants by gender



Based on Author's Research Survey, (2014) question 2. (See appendix K.)

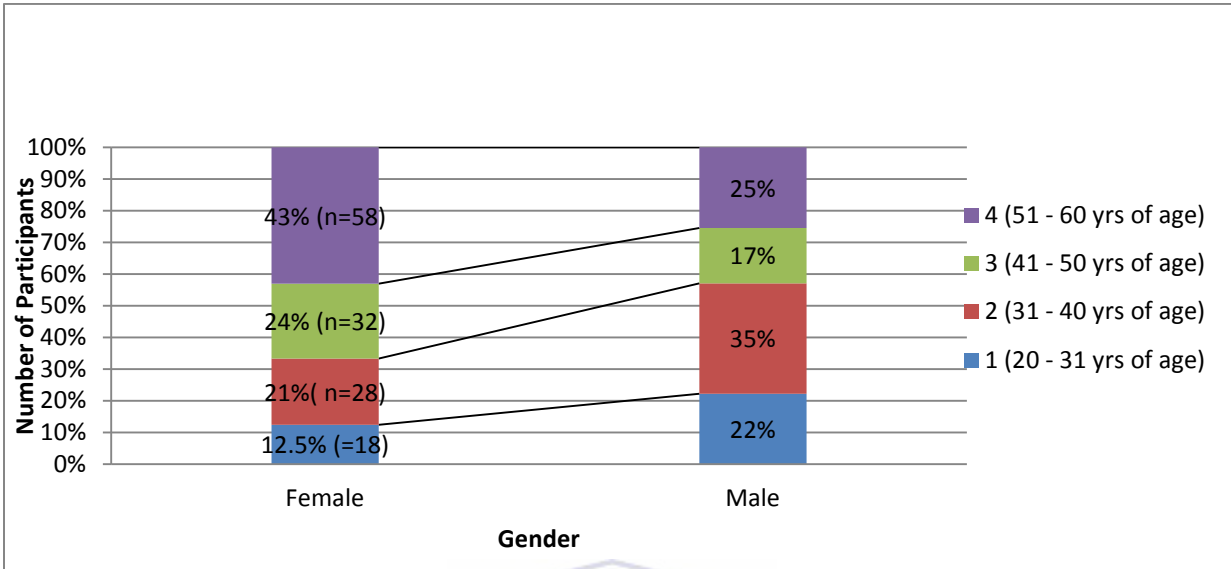
4.2.3 Participants by Age and Gender

It is important to compare the total population and the sample grouping in terms of the split between age and gender. Figure 5 below shows the results of such an analysis. It can be seen that the sample group can be regarded as representative when considering the split of this biographical data in this manner.

The age group of 51-60 was highly represented, with 43% (n=58) females than the males in the same age group. The age group of 31-40 was also highly represented with 35% (n=47) males than females in the same age group. The least represented age group was 20-31, with 13% (n=18) females.

It appears that there is an increase in number of younger males that are joining the nursing profession in Valkenberg as compared to the older generation which is mostly dominated by females.

Figure 5 Sample Group Split by Gender and Age Grouping



Based on Author`s Research Survey, (2014) question 1 & 2. (See appendix K.)

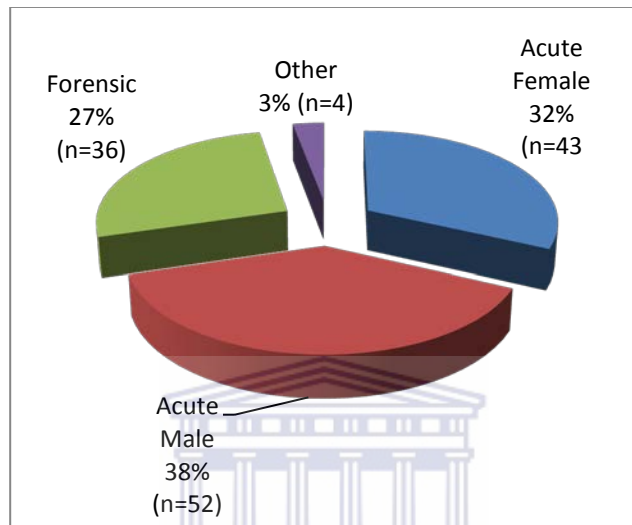
4.2.4 Sample Group by ward

The hospital is divided into different categories of wards as shown in figure 6 below. The different wards have different types of patients, according to their illness. The categories of wards are as follows: acute male wards, acute female wards, forensic wards, outpatient department and Act team group. For the purposes of the study, the acute male wards, acute female wards and forensic wards are presented separately, while the rest of the other categories are all grouped as the other. The acute male wards were highly represented in this study, with 38% (n=52), compared to the acute female wards, with 32% (n=43). Forensic wards follow, with 27% (n=36).

There are more male nurses at acute male wards at Valkenberg Hospital compared to other ward categories as there are more acute male patients. It has been discovered that there are more males that suffer from mental disorders due to substance abuse (WHO, 2002). Substance abuse is one of the top five mental health priorities in the

Western Cape. This explains why the majority of acute male patients' wards are being dominated by males.

Figure 6 Sample Group by ward

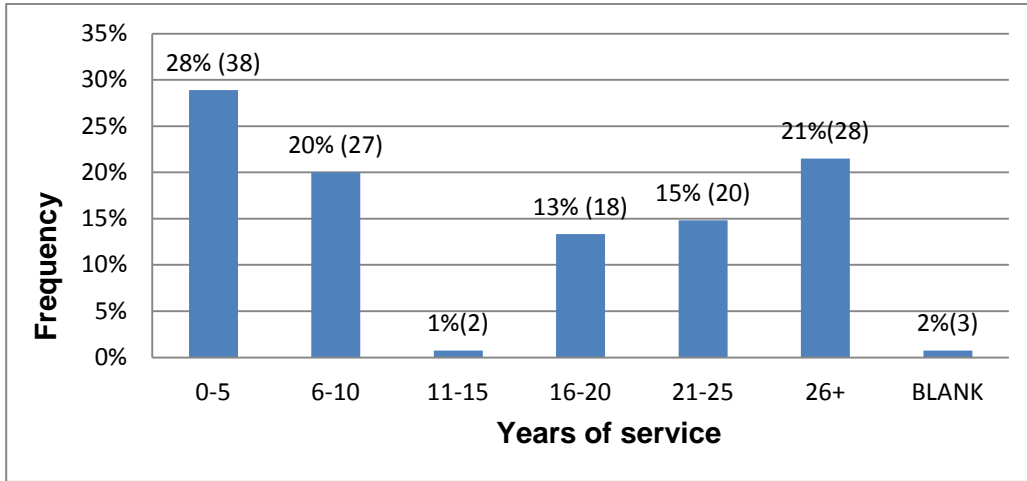


Based on Author`s Research Survey, (2014) question 13. (See appendix K.)

4.2.5 Years of service

Figure 7 below presents a significant proportion of participants in the hospital nurses with number of years of service. 29% (n=39) have been at the hospital for 0-5 years. The least number of nurses have been working at Valkenberg for 11-15 years. There is only one respondent who did not answer this question.

Figure 7 Sample group by years of service

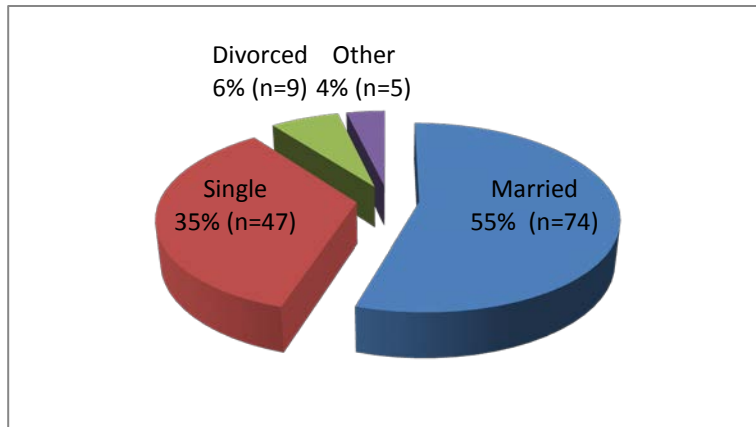


Based on Author`s Research Survey, (2014) question 11. (See appendix K.)

4.2.6 Marital Status

Figure 8 below presents participants by their marital status. Out of 135 participants, 55% (n=74) are married as compared to 35% (n=47) that are single. There are few participants that are divorced, 6% (n=9). A minority of the participants, 4% (n=5) did not indicate their marital status.

Figure 8 Participants by marital status.

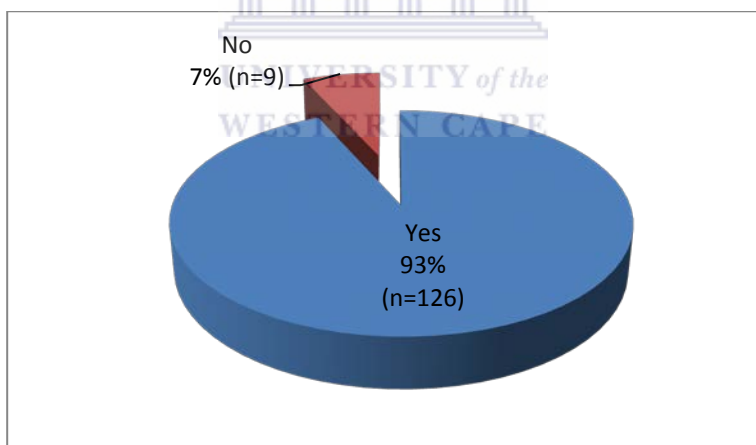


Based on Author`s Research Survey, (2014) question 3. (See appendix K.)

4.2.7 Permanent Post

Figure 9 below presents participants by the status of the position they hold in their various posts. A majority of the participants are permanently employed compared to the few that are employed on contract. For the purpose of this study, contract participants are community service nurses who are doing their community service and have completed a bachelors` degree or diploma in the previous year. There were 93% (n=126) nursing staff that are permanently employed, while only 7% (n=9) were on community service post. The employees that are employed on permanent basis particularly in public sector have no fear of losing their job. It is not easy to dismiss government employee, as compared to those that are not permanently employed. (Chirumbolo 2005:65).

Figure 9 Participants by permanent post.



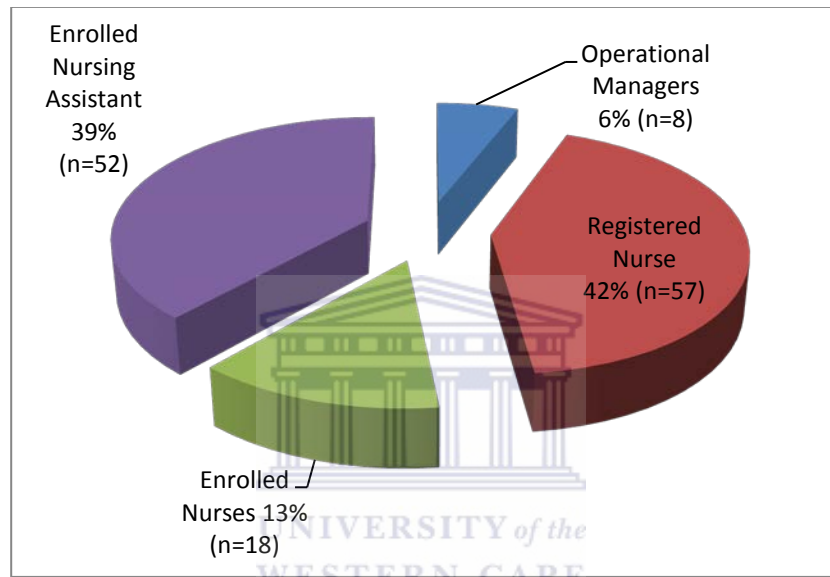
Based on Author`s Research Survey, (2014) question 8. (See appendix K.)

4.2.8 Employment Position

Figure 10 below presents participants by their employment position. A sample of the survey consisted of different categories of nurses from enrolled nursing assistants, enrolled nurses, registered nurses, to operational managers or ward managers. Registered nurses were divided into three groups: community service (COSMO),

general nurses (PNA 2) and speciality nurses (PNB1). Out of 135 participants, 42 % (n=57) were registered nurses, 39% (n=52) enrolled nursing assistants, 13% (n=18) enrolled nurses and 6% (n=8) were operational managers.

Figure 10 Participants by employment position.



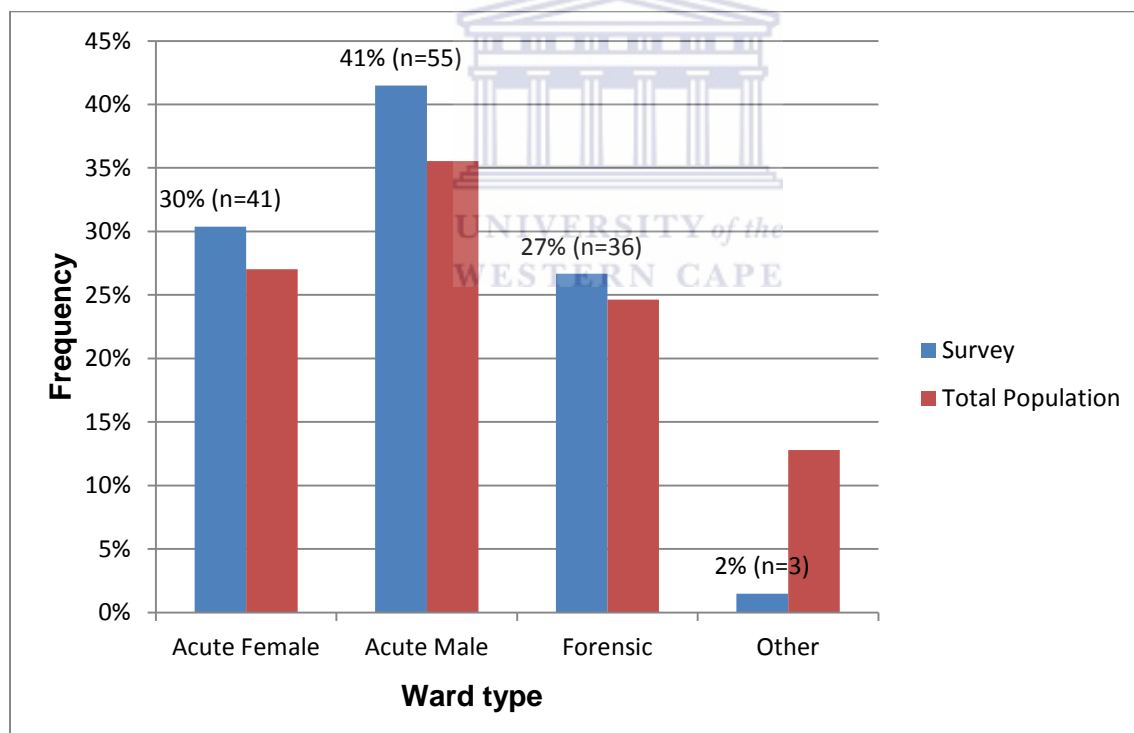
Based on Author`s Research Survey, (2014) question 7. (See appendix K.)

4.2.9 Number of days absent by ward type in the last six months.

Figure 11 below, presents the number of days that nurses were absent by ward type in the past six months, from the month of data collection. The survey results shows that the highest number of nurses that were absent from work in the past six months was in the acute male wards. A total of 41% (n=55) participants were absent from the acute male wards whereas only 30% (n=41) were from acute female wards. Forensic ward absence was 27% (n=36) whilst the least reported absence of 2% (n=3) was from other wards.

It is noted that a significantly high number of absence is in acute male wards compared to other wards, it is therefore, crucial to note that female nurses are also placed in the male acute wards whereas male nurses do not work in female wards. The male patients can be very aggressive and threatening towards the nursing staff, and therefore it is risky to place females to work in acute male wards. These results are supported by Owen, Tarantello, Jones and Tennant, (1998:1452), who argue that nurses are likely to be absent from acute psychiatric units as they are assaulted, threatened and verbally abused by the patients. This is in line with Valkenberg Hospital, as nurses are also exposed to the violent patients.

Figure 11 Absent days by ward type

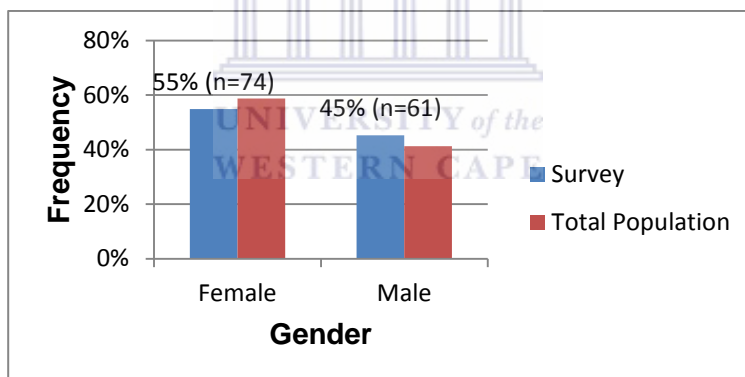


Based on Author`s Research Survey, (2014).

4.2.10 Number of days absent by gender in the last six months

Figure 12 below presents number of days absent by gender in the last six months from month of data collection. In this study, absenteeism was correlated with gender. Out of 135 participants 55% (n=74) of the female nurses were absent as compared to only 45% (n=61) of male nurses. The findings of this study are supported by different studies conducted globally and nationally Siu, (2002:220), Johnson et al, (2003:338), Yende, (2005:25), Isah et al (2008:7) and, Casini, Godin, Clays, & Kittel, (2013:536). These scholars argue that women tend to be more absent from work as compared to men. Based on these findings, it is important for the nursing management to address absenteeism amongst female nurses.

Figure 12 Number days absent by gender.



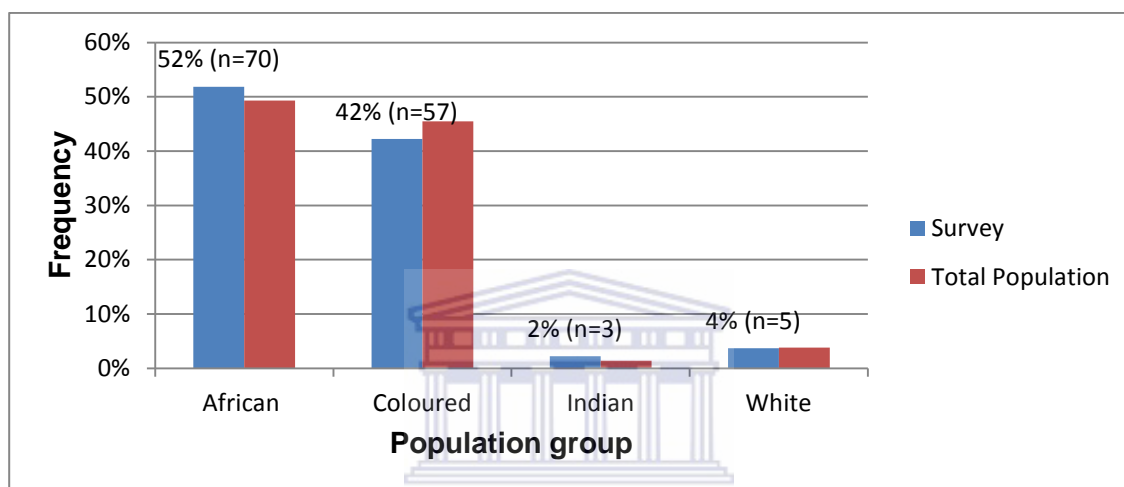
Based on Author`s Research Survey, (2014).

4.2.11 Number of days absent by population group in the last six months

Figure 13 below presents, the number of days absent by population group in the last six months from month of data collection. The African population group have a higher percentage of days absent, 52% (n=70) compared to the coloured population 42% (n=57) followed by the Indian population with 2% (n=3). The least absent population group was whites, 4% (n=5).

In this study, population group does not give significant results as a major cause of absenteeism. The results of the survey are proportional to the total population group in the hospital. The African population are the majority as compared to the other population groups, followed by the coloured population group.

Figure 13 Number of days absent by population group.



Based on Author`s Research Survey, (2014).
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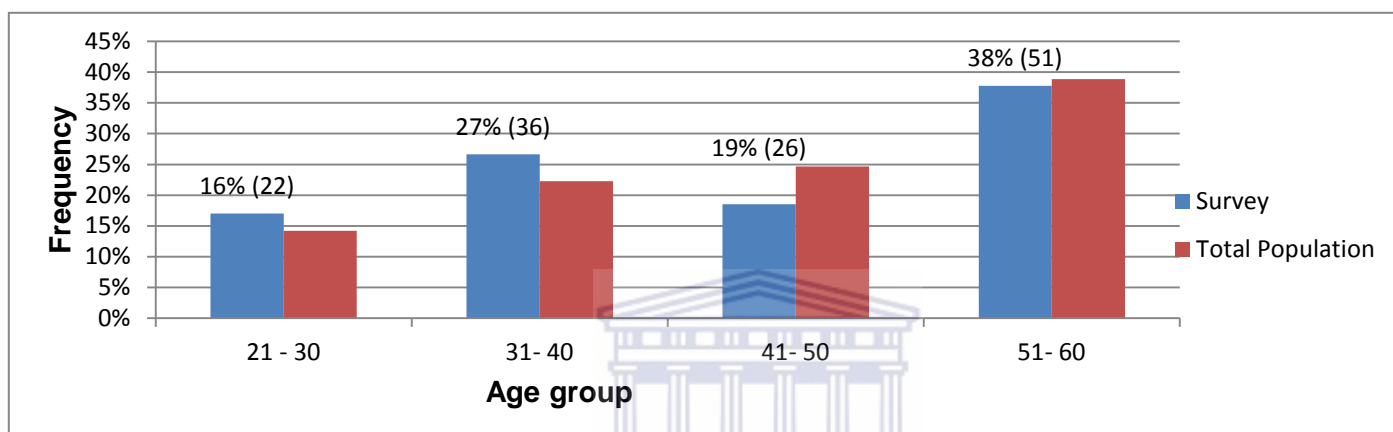
4.2.12 Number of days absent by age group in the last six months

Figure 14 below presents the number of days absent by age group in the last six months. Out of 135 participants, the older age group (51-60) years of nurses who are close to retirement were the most absent, with 38% (n=51). They are followed by the age group 31-40 years, with 27% (n=36), whereas 41-50 years is 19% (n=26) and the age group 21-30 years is the least absent with 16% (n=22) compared to the older participants.

In this study, age results show a significant impact on absenteeism of nurses as the older nurses have a higher absenteeism rate compared to all other age groups. Nursing is a profession where one stands on their feet for a long time when performing their duties. Therefore, it is likely to be difficult for older nurses. In addition, physical ailment in aging nurses contributes to absenteeism. These findings are supported by Reis, Rocca, Silveira, Bonilla, Gine & Martin (2003:632) and Bargas & Monteiro,

(2014:536) who reported that in the nursing profession, absenteeism increases with age. In contrast to the findings of this study, Prado and Chawla (2006:94), and Cohen and Golan (2007:416) posit that older nurses are committed and have lower absenteeism rates.

Figure 14 Days absent by age group.



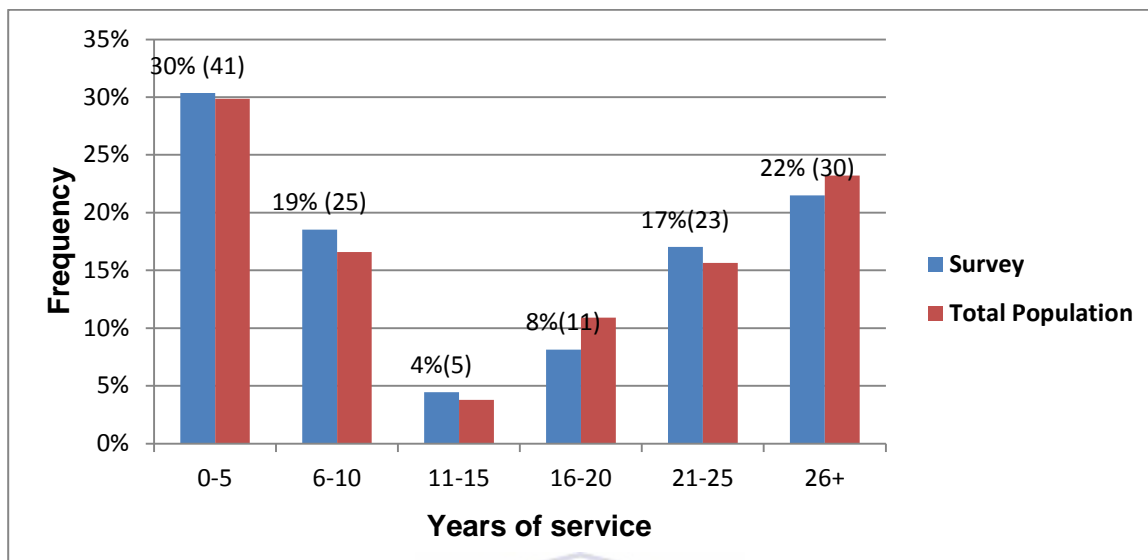
Based on Author's Research Survey (2014)

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4.2.13 Number of days absent by years of service in the last six months

Figure 15 below presents the number of absent days by the years of service in the last six months. In this study, when correlating absenteeism with the years of experience, it shows that nurses with 0-5 years of experience are significantly more absent. Out of 135 participants, about 30% (n=41) fell in the category of 0-5 years of working experience while 26+ years with 22% (n=30). The least category is 11-15 years with only 4% (n=5). It is important to note that years of experience might not be proportional to the age of a nurse as it is possible that at 0-5 years of experience, there might be older nurses who fall in that category. These findings are supported by Martocchio (1989:412), who argues that long service employees have low absenteeism rate.

Figure 15 Days absent by years of service.



Based on Author`s Research Survey. (2014).

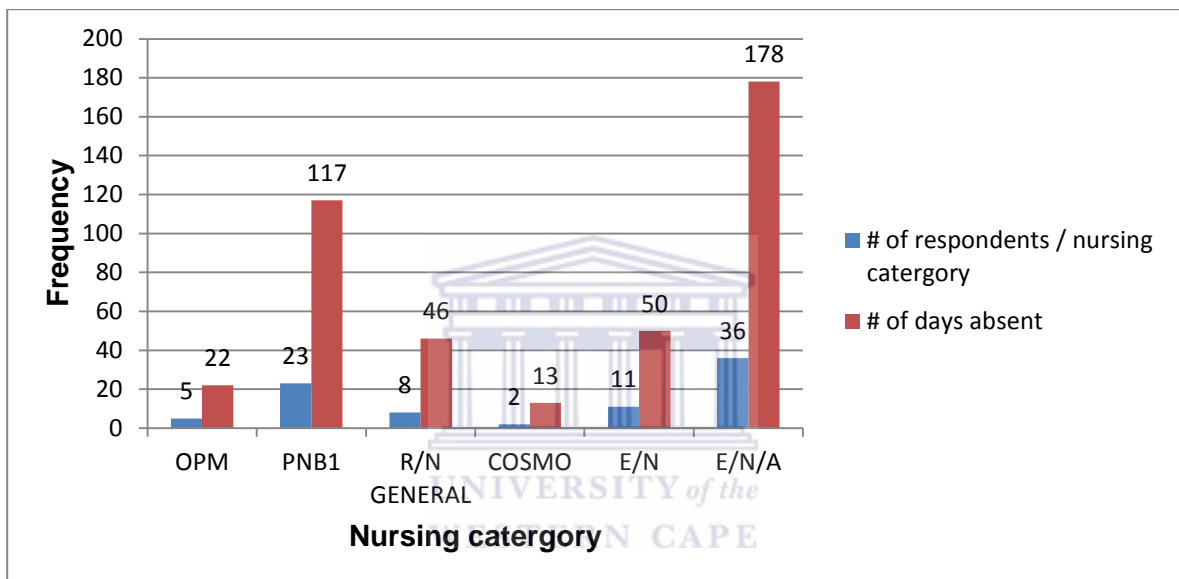
4.2.14 Days absent by nursing categories

The days absent by the nursing category is presented in figure 16 below. In this study, number of days absent for all categories of nurses was 426 days in total for the past six months from the month of data collection. The lower rank category of nurses was the most absent as compared to other categories. E/N/As were absent for 178 days. PNB1s were absent for 117 days. E/N/s was absent 50 days. R/Ns general were absent for 46 days. OPMs were absent for 22 days. Lastly COSMOs were absent for only 13 days.

In this study, the correlation of absenteeism with the categories of nurses was assessed. It is notable that ENAs were the most absent as compared to other categories. These results link with the results of correlation by age group as the ENAs are mostly in the older age group in Valkenberg Hospital. They are mostly in the age group of 41-60 years. A majority of them are also females. These findings are supported by Taunton et al, (1995:223) and Bargas and Monteiro (2014:536). The

afore-mentioned scholars argue that nurses who have lower qualifications have a higher rate of absenteeism compared to those who have higher qualifications. It would appear that there is a need to recruit young employees for the betterment of the services rendered and for reduction of financial loss through absenteeism.

Figure 16 Nursing Categories.

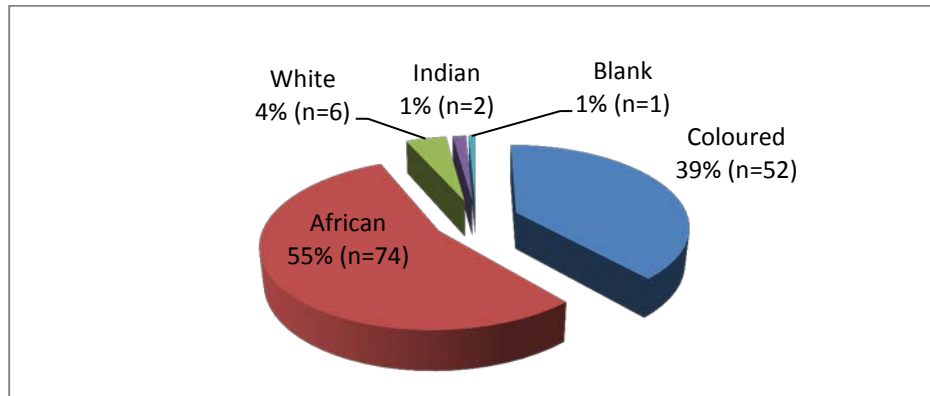


Based on Author`s Research Survey, (2014).

4.2.15 Participants by population group

Figure 17 below presents participants by population group. Out of 135 participants, majority are African, 55% (n=74) whereas the second largest group is coloureds with 39% (n=52) participants. Whites and Indians are few in the institution as compared to other population groups. There was only one participant who chose not to answer the question. These results indicate good population representation as the numbers are in line with the population group of Valkenberg Hospital. Africans form the largest group.

Figure 17 Population group.

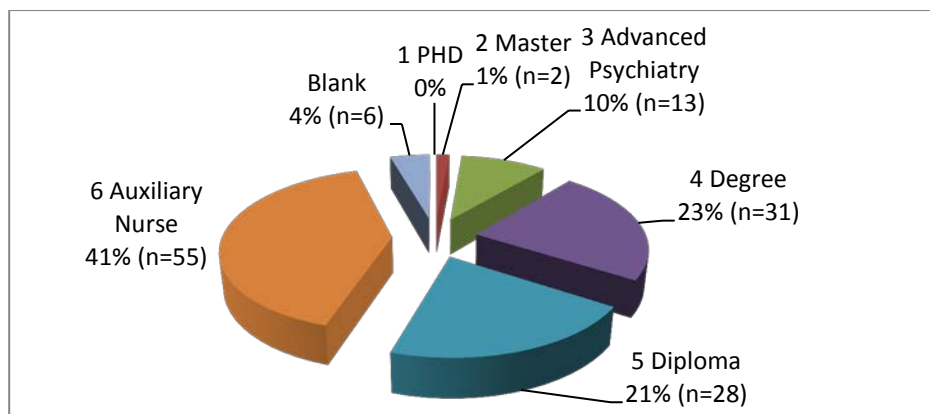


Based on Author`s Research Survey, (2014) question 5. (See appendix K.)

4.2.16 Participants by the highest level of education

Figure 18 below presents the highest level of nursing qualifications that participants have obtained. Out of 135 participants, 54% (n=74) are registered nurses who obtained a four year diploma, degree and post graduate diploma in advanced psychiatry. About 41% (n=55) are ENAs together with ENs whilst 4% (n= 6) did not answer this question.

Figure 18 Highest level of education.



Based on Author`s Research Survey, (2014) question 10. (See appendix K.)

4.3 Section B

Section B of the questionnaire consisted of 49 quantitative questions. Question one to question seven were negative questions, while question eight to question forty nine were positive questions. Participants were asked to choose the suitable answer from the Likert scale range. The scale was ranging from `strongly agree`, `agree`, and `strongly disagree`. The following themes emerged from questions that were similar regarding the causes of absenteeism of nurses. The questions were referred to as items for the purposes of this study results presentation as some were statements. On the graphs, the question numbers were labelled with the letter Q. The themes were discussed in following sub headings: Safety items, physical working conditions, regulations statements, training statements, progression statements staff patient ratio and workload, nature of work, salary, management and working relations. Below, each theme will be given, followed by the presentation and discussion of study results.

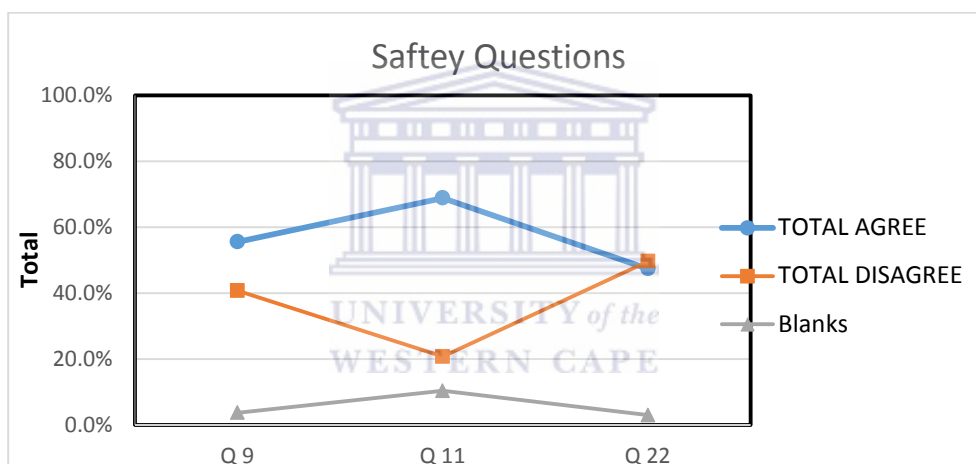
4.3.1 Safety items

The results on graph 1 below on safety show participants response to item 9. Out of 135 participants, 56% (n=76) agree that they are able to perform their tasks without having to be on their feet for long periods, having to lift heavy objects and being in a bent, crouching or in an uncomfortable position, whilst only 41% (n=55) disagree. A majority of the participants, 69% (n=93), agree to item11 that they can perform their tasks without the nature of their work and their actions endangering other people`s safety or lives or having a negative effect on the nature or quality of their lives. There were only a few participants, 21% (n=28) that disagree. In item 22, 47% (n=63) of the participants agree that they can perform their tasks without endangering their own safety as a result of the nature of their work and the actions required from them, compared to 50% (n=68) that disagree.

Despite the fact that nurses can perform their work without compromising the safety of other people, nurses are concerned about their own safety at Valkenberg Hospital.

Findings of this study are supported by Becker & Oliveira (2008:110) in a study conducted in Brazil, where they found out that “In the world of hospital work, nursing professionals are constantly exposed to occupational risks related to physical, chemical, and biological agents”. Therefore, it is clear that the safety of nurses is not only a problem at Valkenberg Hospital; it is a world-wide concern. Based on the research findings of this study, it is therefore suggested that, Valkenberg Hospital should improve safety measures to reduce nurses’ absence.

Graph 1 Safety



Based on Author`s Research Survey (2014), (See appendix A.)

4.3.2 Physical working conditions

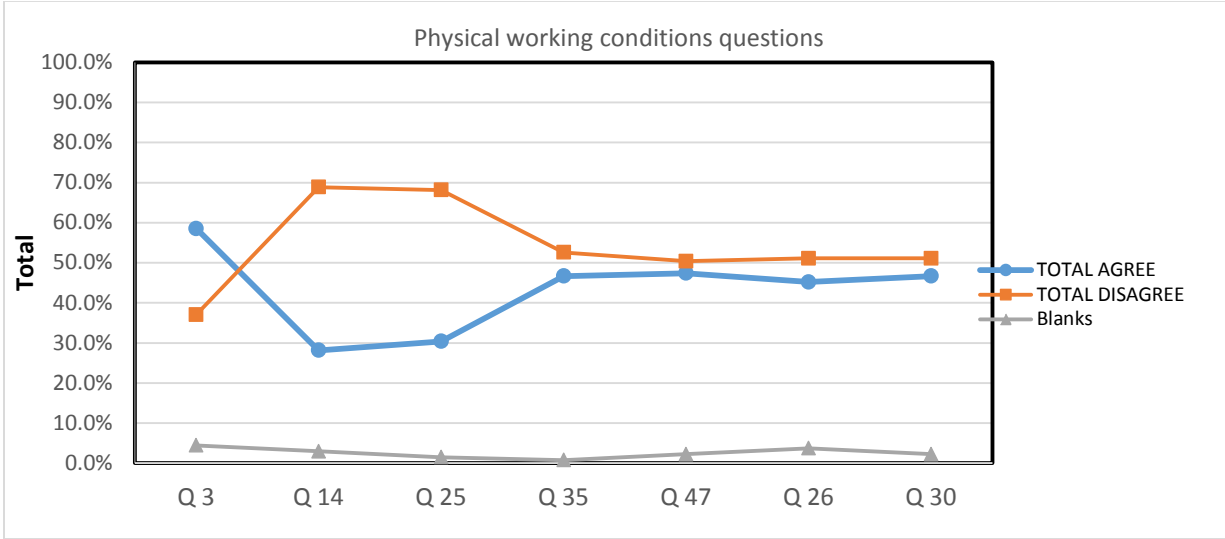
Graph 2 below presents physical conditions. In item 3, out of 135 participants, 59% (n=80) agree that they were absent because they encounter one or more of the following: considerable, high noise level, poor lighting, crowding of people and or any other problems that concern their physical working conditions. Meanwhile 37% (n=50) disagree. In item 14, only 28% (n=38) of the participants agree that they were never absent because the necessary job equipment (for example stationery, tools, electronic and laboratory equipment) is always available, compared to 69% (n=93) that disagree.

In item 25, 30% (n=41) agree that they were never absent because they have sufficient job equipment at their disposal, whereas the majority of the participants, 68% (n=92) disagree. In item 26, 45% (n=61) of the participants agree that physical working conditions (for example lighting and temperature) are satisfactory, compared to 51% (n=69) that disagree.

46% (n=62) of the participants agree to item 35 that they were never absent because the job equipment (for example computer, stationary and tools) is in good working conditions compared with 53% (n=72) that disagree. In item 30, 46% (n=62) of the participants agree that the nature of the furniture and decorations in their working area creates a pleasant working environment, while 51% (n=69) disagree. In item 47, 47% (n=63) of the participants agree that facilities (such as toilets and kitchens) meet their needs.

Physical working conditions at Valkenberg hospital correlate negatively with absenteeism of nurses as it appears in the study results. The findings of this study are supported by Bargas & Monteiro (2014:537), who argue that “The work environment of nursing professionals is unhealthy, both in material and psychological aspects and, being subject to poor working conditions, the maintenance of their health is impaired”. Furthermore, Becker and Oliveira (2008:110) argue that “hospitals provide their employees with working conditions that are notoriously worse than other health care services”. Therefore, it is suggested that the hospital management needs to address the issue of unhealthy working conditions to minimise absenteeism.

Graph 2 Physical working Conditions

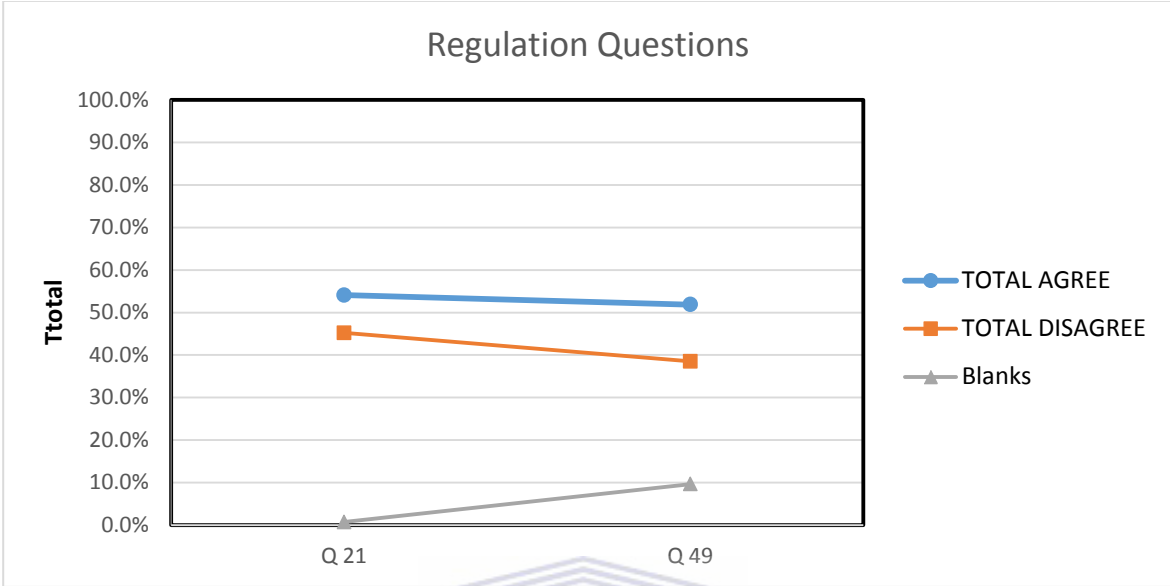


Based on Author`s Research Survey, (2014), (See appendix B.)

4.3.3 Regulations statements

Graph 3 below presents regulation items. In item 21, 54% (n=73) out of 135 participants agree that they were not absent as the regulations (for example working clothes and working hours) satisfy their needs, whereas 45% (n=61) disagree. In item 49, 52% (n=70) of the participants agree that they were never absent as the regulations regarding personal matters (for example concerning working hours, conditions of employment, working clothes) reflect well on the organization, while 39% (n=53) disagree. Regulation at Valkenberg appears not to be negatively contributing to nurses` absence as reflected by the research results. In general, the majority of nurses at Valkenberg Hospital seem to be comfortable with the policies of the hospital.

Graph 3 Regulations



Based on author`s research survey, (2014), (See appendix C.)

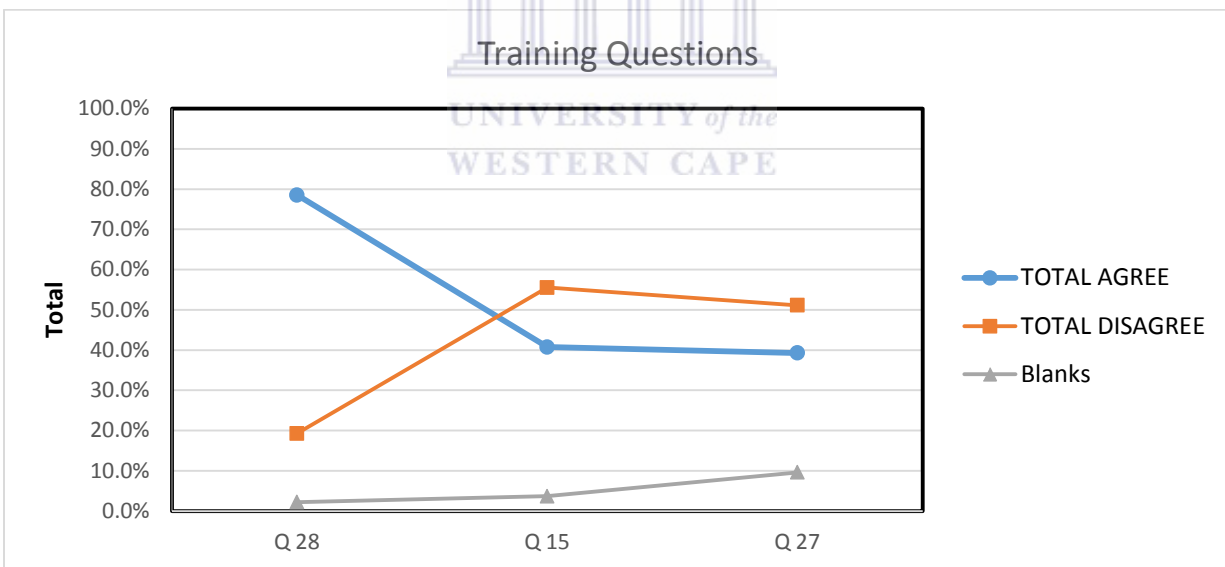
4.3.4 Training statements

Graph 4 below presents training items. In item 15, 41% (n=55) of the participants agree that they were never absent as they are exposed to the necessary training courses, while 56% (n=76) disagree. In item 27, only 39% (n=53) out of 135 participants agree that they were never absent, as their abilities and skills are developed and extended, whereas 51% (n=69) disagree. In item 28, a majority of the participants, 79% (n=107) agree that they were never absent as they have sufficient knowledge and information to do their work, while only 19% (n=26) disagree.

In this study, lack of proper training of the nursing personnel is a contributing factor to absenteeism. It is worrying to note that a majority of nurses are not exposed to the necessary training courses for their skills development.

Development of employees` skills is important for the institution as it helps with the improvement of services being rendered. Based on the research findings of unfair selection of nurses for training, managers should have sessions with nursing staff where these issues can be addressed and clarified (Burton, 1992:39). It is significant that lack of training in this study is contributing to absenteeism. The findings of this study are supported by Troy et al. (2007:14); who posit that nurses have unequal career opportunities as they cannot be developed at once due to operational requirements. Furthermore Shader et al., (2001:211) argue that a lack of professional growth is likely to cause job dissatisfaction which leads to absenteeism. Based on the research findings it is important for the hospital to develop their employees as lack of training appears to be contributing to absenteeism.

Graph 4 Training



Based on Author`s Research Survey, (2014), (See appendix D.)

4.3.5 Progression statements

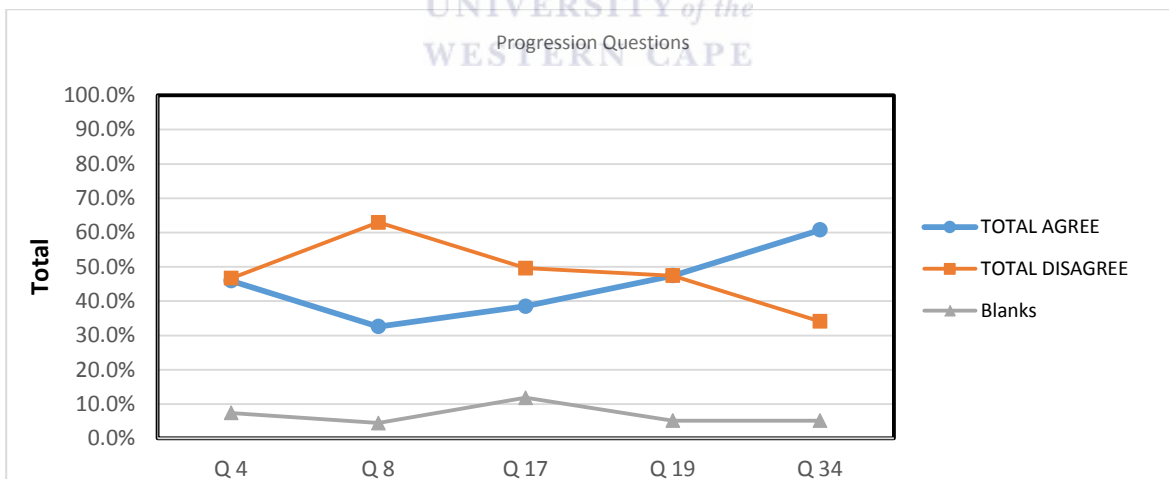
Graph 5 below presents progression items. In item 4, a total of 46% (n=62) of the participants agree that the situation that has a negative effect on their progress and development of their career contributes to their absenteeism (for example when their

weaknesses are over-emphasized and when they are not promoted to higher posts), whereas 47% (n=63) disagree. In item 8, only 33% (n=45) of the participants agree that they were never absent as they receive recognition for what they do compared to the majority, 63% (n=85), that disagree. In item 17, only 38% (n=51) of the participants agree that they are satisfied with their promotion while 51% (n=69) disagree. In item 34, 61% (n=82) of the participants agree that they were never absent as they are making progress while only 34% (n=46) disagree.

There is a general feeling that the nursing personnel were absent because they are not happy about their promotion. It is interesting to note that 61% (n=82) of the participants believe that they are making progress despite not being recognised by the management.



Graph 5 Progression



Based on Author`s Research Survey, (2014), (See appendix E.)

4.3.6 Staff patient ratio and workload

Figure 19 below presents the staff patient ratio in the hospital. Graph 6 below presents staffing level items in the hospital.

As results show in figure 19, the majority of the participants, 69% (n=93) strongly felt that they were absent as the staff patient ratio is not well maintained. Only 27% (n=36) of the participants felt that the staff patient ratio is well maintained. About 4% of the participants chose not to answer this question. Only 1 participant felt that the staff patient ratio is always not maintained.

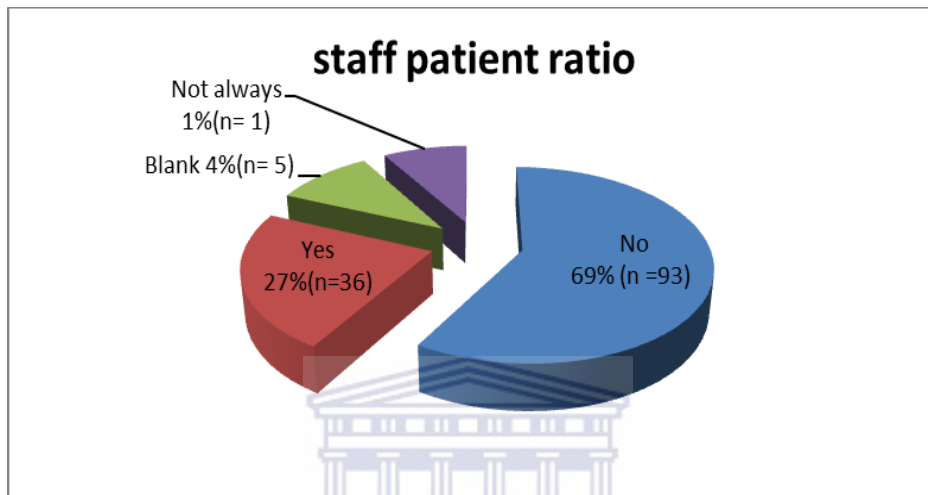
As presented in Graph 6, in item 37, 85% (n=115) of the participants agree that they have enough work to keep them busy, while only 11% (n=15) disagree. In item 48, 72% (n=97) of the participants agree that they can get the work assigned to them done in time whereas 24% (n=32) disagree.

In this study, staff patient ratio shows a significant correlation with absenteeism amongst nurses. The findings of this study are supported by Bargas & Monteiro (2014:537), in a study conducted in Brazil and Germany that found out that low nursing staff levels is associated with escalating absenteeism. It is a serious concern when the large number of participants felt that they are understaffed. Hall (2004:34); and Pillay, (2009:12) argue that excessive workloads, demands on performance standards, long working hours and lack of support increase stress levels and cause burnout which in turn, is likely to cause absenteeism. Furthermore, Siu (2002:218) states that excessive workload due to low staff level leads to job dissatisfaction, poor quality of patient care and increased absenteeism. Based on these findings, it is recommended that the nursing management at Valkenberg Hospital needs to review the staff patient ratio as it appears to be contributing negatively to nurse absenteeism.

Despite the shortage of the nursing personnel the results show that 72% (n=97) of the participants are able to finish the work assigned to them. Therefore, the question is: What kind of quality nursing service are they rendering to their patients if understaffed? Patients are prone to suffer as nurses will be rushing to finish the tasks

at hand. Adams & Bond (2000), recommend that nursing teams` cohesion should be strengthened in order to cope with high work-load.

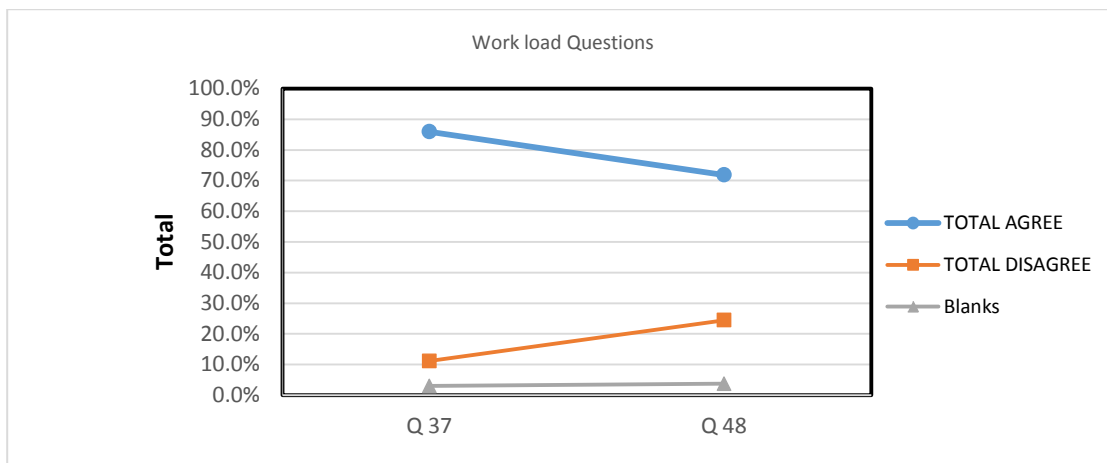
Figure 19 Staff patient ratio.



Based on Author`s Research Survey, (2014) question 14. (See appendix K.)

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Graph 6 Workload statements



Based on Author`s Research Survey, (2014), (See appendix F.)

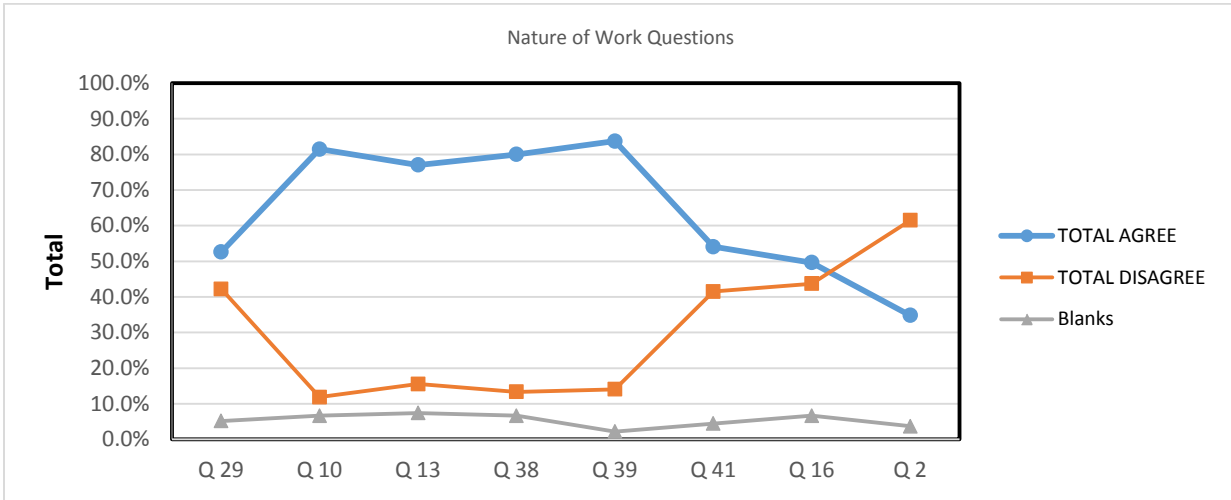
4.3.7 Nature of work

Graph 7 below presents the nature of work items in the hospital. In item 2, 34% (n=46) of the participants agree that they are not satisfied with the nature (content) of their work. For example, because it is not interesting or challenging as well as it does not correspond with their aptitudes. However about 62% (n=84) disagree. In item 10, 82% (n=111) of the participants agree that they were never absent as they are able to assume full responsibility for all they do, compared to only 11% (n=15) that disagree. In item 13, 77% (n=104) agree that they were never absent as they are able to function independently, whereas only 11% (n=15) disagree.

In item 16, 50% (n=68) agree that all their good qualities are used while 44% (n=59) disagree. In item 29, 53% (n=72) of participants agree that their tasks can be performed without demanding their continued and intense concentration, while 43% (n=58) disagree. In item 38, 80% (n=108) of the participants agree that they are able to take the initiative, while only 13% (n=18) disagree. In item 39, 84% (n=113) of the participants agree that they are able to be involved in different tasks whereas only 14% (n=19) disagree. In item 41, 54% (n=73) of the participants agree that their potential is used fully while 41% (n=55) disagree.

In this study, the nature of work is not a major cause of absenteeism for nurses. Nurses seem to enjoy what they are doing in the hospital as the majority, 65% (n=88) of the 135 participants are satisfied with the nature of their work that they are performing. There are a few who are not satisfied.

Graph 7 Nature of work.



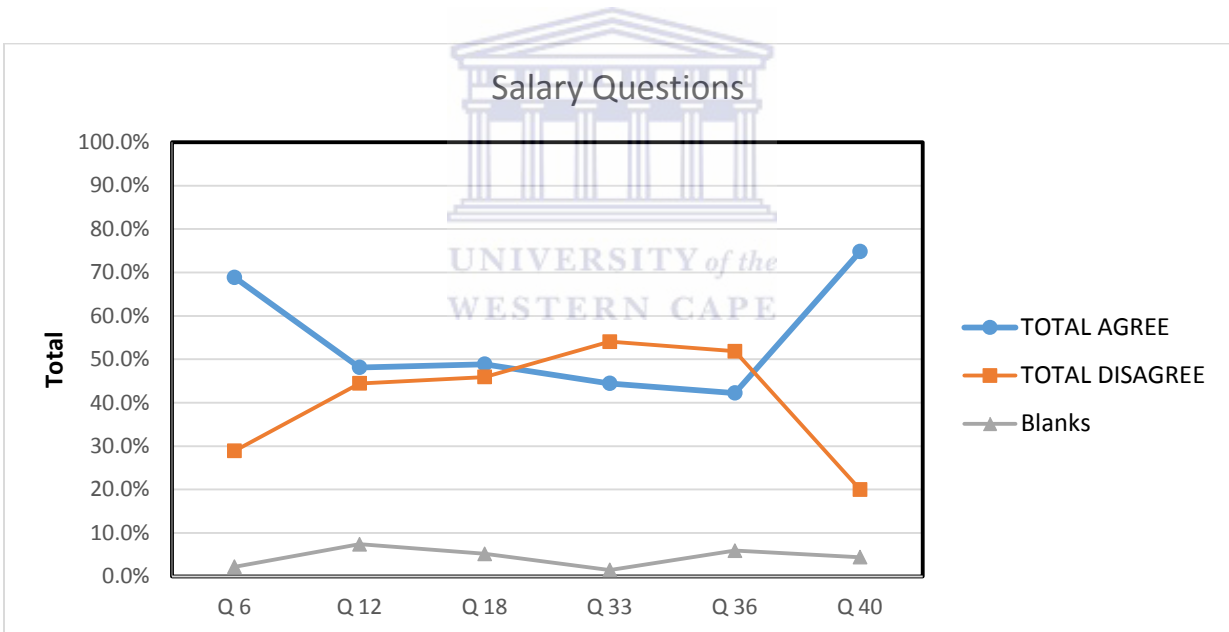
Based on Author`s Research Survey, (2014), (See appendix G.)

4.3.8 Salary

Graph 8 below presents salary items. In item 6, a majority of the participants 69% (n=93), agree that they were absent as they are dissatisfied with one or a few of the following: pension, medical aid, achievement bonuses (SPMS), salary and or any other aspects of their remuneration package, compared to 29% (n=39) that disagree. In item 12, 48% (n=65) agree, whereas 45% (n=59) disagree that their salary is market-related. In other words, it compares well with what people with similar qualifications and experience earn. In item 18, 49% (n=66) agree that their fringe benefits (for example housing subsidy) ensure their support and security, whereas 46% (n=62) disagree. In Item 33, 44% (n=59) agree that they were never absent as their salary is adequate to motivate them to work hard at all times, compared to 54% (n=73) that disagree. In item 36, 42% (n=57) agree that they were never absent as their input is adequately remunerated while 51% (n=69) disagree. In item 40, 74% (n=100) agree that they were never absent as their post is essential and will be retained, compared to 20% (n=27) that disagree.

In this study, salary results show a significant correlation with absenteeism of nurses as it appears that nurses are not happy with the remuneration that they receive. For this reason, the nurses at Valkenberg are likely to be absent from work. Koekmoer and Mostert (2006:88); and Prado and Chawla (2006:99), state that low remuneration for nurses increases absenteeism. Furthermore, Tourangeau, Hall, Doran and Petch (2006:135) argue that when nurses are remunerated with satisfactory benefits, job satisfaction is high and, thus, absenteeism is reduced. Therefore, it is essential for the nurses' salary and remuneration system to be revised. The majority of nurses are likely to be demotivated and it is probable that they can be absent.

Graph 8 Salary



Based on Author's Research Survey, (2014), (See appendix H.)

4.3.9 Management

Graph 9 below presents management items. In item 1, out of 135 participants, 60% (n=81) agree that they were absent as the hospital as a whole does not function satisfactorily, while 40% (n=54) disagree. In item 7, 67% (n=90) of the participants

agree that they were absent as they are dissatisfied with one or more of the following: working hours, conditions of employment, work clothes, communication channels with respect to grievances and complaints or any other regulations involving personal matters, while 30% (n=41) disagrees. In Item 20, 82% (n=111) agreed that they were not absent as they are able to get along with their supervisors while only 17% (n=23) disagree.

In item 23, only 34% (n=46) of the participants agree that they were never absent as they are included in decision making that concerns them, while the majority of the participants, 59% (n=80) disagree. In item 42, 77% (n=104) agree that they were never absent as they are able to talk to their supervisor when they want to while 21% (n=28) disagree. In item 44, the majority of the participants 75% (n=101) agree that they were never absent as they are able to retain good relations with their supervisor, compared to only 23% (n=31) that disagree. In item 45, only 41% (n=55) agree that they were never absent as they can trust their supervisor in all circumstances, compared to the majority, 54% (n=73) that disagree. In item 46, 47% (n=63) agree that the instructions that they receive are in keeping with previous instructions (in other words that they do not receive contradictory instructions), while 44% (n=59) disagree.

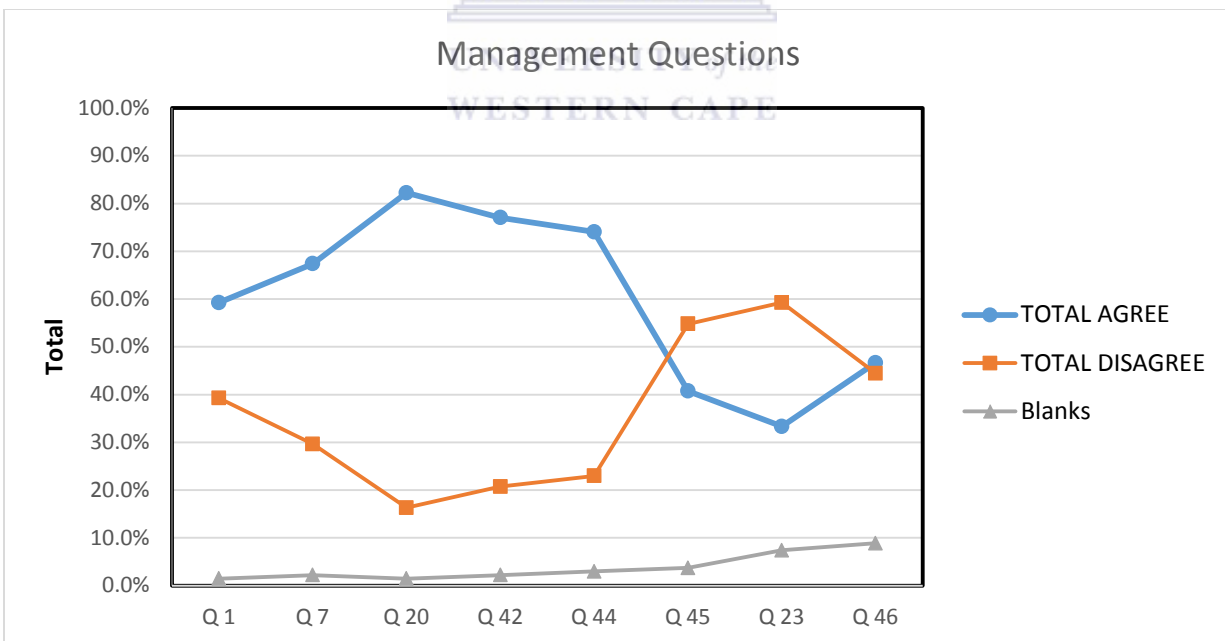
In this study, the failure of the Valkenberg nursing management to involve nurses in the decision making process indicates a negative correlation with absenteeism. It is, therefore, crucial for the nursing management to try and create a platform that will ensure consultation with the nurses before implementing new changes, for instance, with regard to policies and protocol. These findings are supported by Taunton (1995) who argues that a strong organisation with a positive feedback, effective communication and good leadership model could assist in reducing absenteeism. Despite the fact that nurses are not participating in decision making, results indicate a clear picture that the majority of nurses are able to liaise with their supervisors and

maintain good working relationships. However, the nurses felt that they cannot trust their supervisors with some of the matters especially things that are personal.

Nurses are concerned that their potential is not utilized and this appears as a bad negative reflection on the management system. Sellgren, Ekvall, and Tomson (2008:578), suggest that a manager should be able to motivate the staff, create a vibrant working atmosphere and be accommodative to the opinions of the staff members. This appears not to be the case at Valkenberg Hospital, and it is likely to contribute to absenteeism in the workplace. In this study, management issues results show a significant contribution towards nurse absenteeism. Moreover, Dierendonck et al., (2002:90) posit that in order to reduce absenteeism, promoting a sense of responsibility in employees is important.



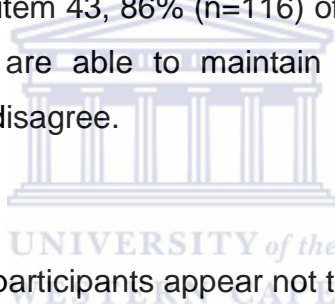
Graph 9 Management



Based on author`s research survey, (2014), (See appendix I)

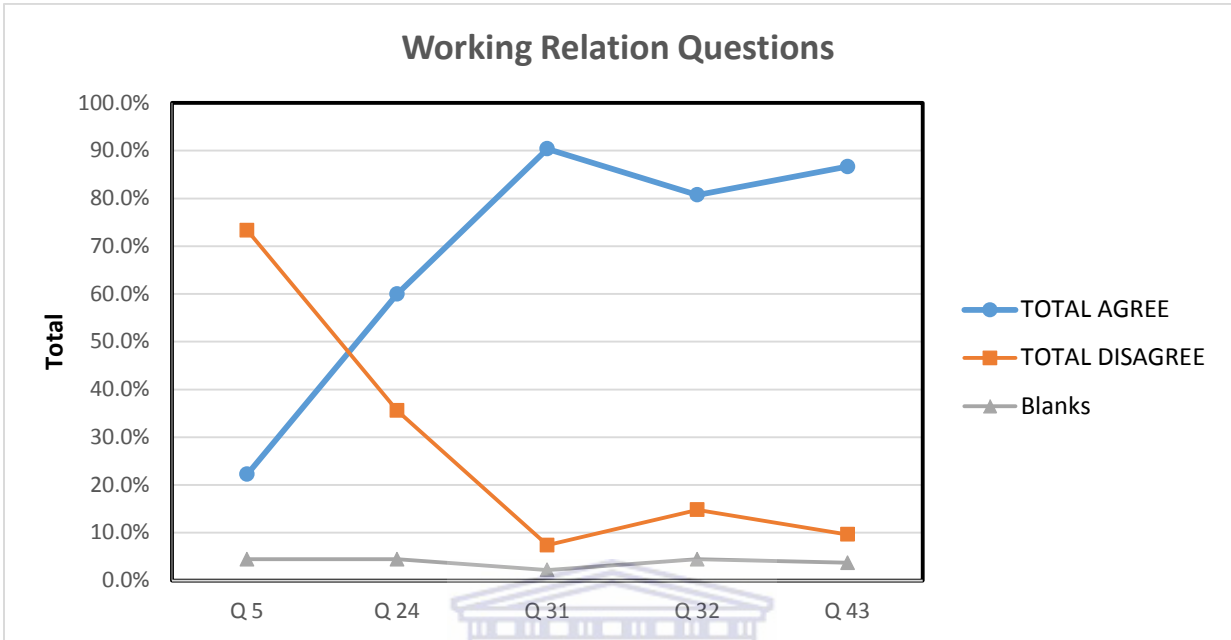
4.3.10 Working relations

Graph 10 below presents working relations in the hospital. In item 5, out of 135 participants, only 22% (n=30) agreed that they were absent as they find it difficult to deal with social matters (such as socializing in groups or maintaining good interpersonal relations), while 74% (n=100) disagree. In item 24, 60% (n=81) of the participants agree that they were never absent as they can perform their tasks without coming into conflict with other people or straining their relations with other people as a result of the nature of their work, whereas 36% (n=49) disagree. In item 31, 90% (n=122) agree that they were never absent because of bad relations with colleagues, and only 7% (n=9) disagree. In item 32 81% (n=109) of the participants agree that they were never absent as their colleagues consider them as hard-working, whereas only 15% (n=20) disagree. In item 43, 86% (n=116) of the participants agree that they were never absent as they are able to maintain good social relationships with everybody. Only 10% (n=14) disagree.



In this study, a majority of the participants appear not to have major problems amongst each other. They appear to trust one another. The working relations results show no significant contribution to nurses' absence. There are a few who believe that they are likely to be absent because they cannot relate well with fellow colleagues. It is a positive outcome for the institution when colleagues enjoy working with each other while for rendering good patient care. The reflection of results in this study is supported by Gerber, (1998:323), who states that employees with similar understanding, perception of their work and values, when placed together, enhance a sense of belonging. This, in turn results in experiencing less tension. In a study carried out by (Engelbrecht 2000:2), employees should be encouraged to work as a team as this results in a good sense of belonging to a group. This is also a strategy for reducing absenteeism.

Graph 10 Working relations



Based on Author`s Research Survey, (2014). (See appendix J.)

4.3.11 Blank items

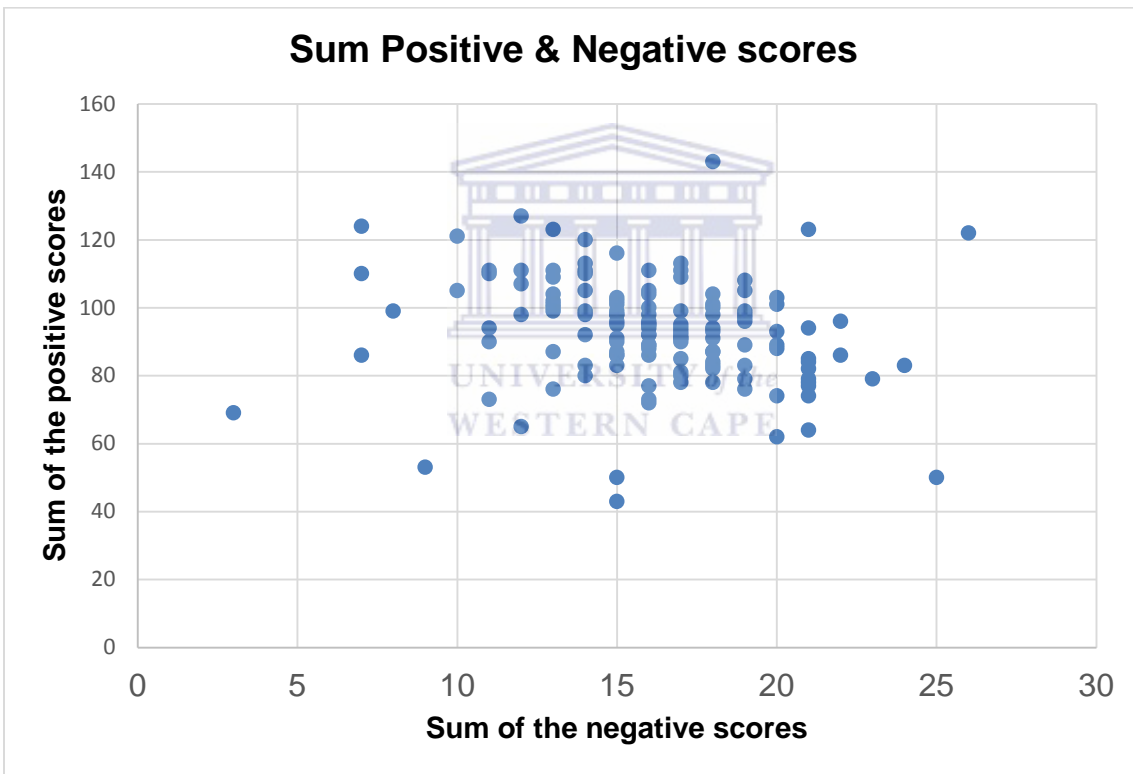
In this study there were few participants who did not answer some of the items in section B. The open ended question in section C also poorly answered. All the missing items and the open ended question that was poorly answered were not analysed and they did not affect the findings negatively as they were very few. However, the open-ended question results could have been helpful for the study.

4.3.12 Sum of positive scores and sum of negative scores

Graph 11 below presents the sum of positive scores (from question eight to question forty nine) and the sum of negative scores (question one to question seven) from the participants. It is a summary of the whole study results.

There are three unusual observations above the body of the data. The three observations are mostly higher with respect to the sum of the positive scores. There is a weak negative relation / correlation between the sum of negative and the sum of positive scores as the other one decrease, while the other one increases. It is the reflection of the ethnic distribution. The sum of positive scores and negative scores complement each other.

Graph 11 Sum of positive and Sum of negative scores.



Based on Author`s Research Survey 2015 (see appendix K)

4.32 Summary

This chapter focused on the presentation, analysis and the discussion of the study results. Both sections A and B were presented and analysed. Section C, which comprised of an open-ended question, was not presented and analysed. This is because, in addition to being attempted by very few participants, it was poorly responded to. The aim of this study was to identify factors causing absenteeism of nurses in an acute psychiatric hospital in Cape Town. In chapter five I will focus on conclusion, by recapping each chapter of the thesis and make recommendations based on the research findings of this study.



CHAPTER 5

Conclusions and recommendations regarding nurse absenteeism.

5.1 Conclusion

Chapter one of this study was an introduction to the research question “Factors causing absenteeism of nurses in an acute psychiatric hospital: Case study at Cape Town”. It was an orientation to the study procedures, that is, the place where the study took place, how the study was conducted and the methodologies used to conduct the study. Absenteeism at Valkenberg Hospital appeared to be escalating; this therefore drew the interest of the researcher to investigate the factors that might be contributing to absenteeism of nurses at the hospital. The objectives for conducting the study were as follows:

- to assess the individual nurse’s reported reasons that contribute towards absenteeism from work,
- to identify the factors that contribute towards absenteeism of nurses in an acute psychiatric hospital at Cape Town and,
 - to make recommendations for addressing absenteeism of nurses in an acute psychiatric hospital in Cape Town.

Chapter two of this study was literature review on nurse absenteeism. Global literature as well as national literature was used. The theoretical framework relating to the title “factors causing absenteeism of nurses in an acute psychiatric hospital” was also discussed in this chapter. The theory that was used in this study was motivational theory (Hierarchy of needs) by Abraham Maslow. The following dimensions of the theory were discussed: self-fulfilment, self-esteem, social needs, security needs, and basic / physical needs were discussed.

In-depth literature review of factors causing absenteeism of nurses in the hospital assisted the researcher to formulate a questionnaire for this study. From the literature review, absenteeism was attributed to the following factors: job satisfaction, stress, physical condition, family responsibilities, burnout, working environment, unequal treatment of employees by employer, lack of support, age, gender, social life, and incentive bonus. Therefore, each of the factors was discussed. Research indicates a negative and positive correlation of these factors with absenteeism of nurses (Sasaki et al, 2009:359, Italia et al, 2008:678; and Fluttert, et al 2010:1529).

Chapter 3 of this study outlined the research methods used to conduct the study. This study applied descriptive quantitative design to answer the research question. The sample size was 135 (67.5%) nurses. Convenience sampling method was used to draw the study sample from a population 200 of nurses. A questionnaire was used to collect data from the nurses. A pilot study was conducted to see if the data collection instrument will be able to measure what it was intended to measure. The hospital records were also used to gather information regarding the nurses' absence and other measures that will assist in answering the research question of this study. The ethical clearance to carry out this study was obtained from UWC Senate and the Department of Health allowed Valkenberg hospital to give permission to conduct the study.

The research findings were presented and discussed in chapter four. The study results were from a representative sample size of 135 (67.5%) nurses from various categories at Valkenberg Hospital. The data was collected and captured in excel spread sheet. Study results of this study were presented in pie charts and linear graphs. The following aspects: age, gender, work load due to staff shortage, lack of recognition by the managers, lack of staff development, physical working conditions, working relations, and regulations of the hospital were presented and discussed.

Based on the 49 questions that were presented and discussed in chapter four, the following factors emerged as significant contributors to nurse absenteeism:

- Management: nurses felt managers are not taking them into consideration when making decisions and they cannot trust them with their personal matters. There is a general feeling amongst nurses that their abilities are neither utilized nor acknowledged.
- Salary: the nurses are unhappy with the remuneration packages, and, therefore, they resort to absenteeism.
- Staff patient ratio appears to be very poor at Valkenberg Hospital. Although results show they are able to perform all allocated duties and complete them in time despite the poor staff patient ratio, it is a matter of concern as to what quality of nursing service they are rendering.
- Gender and age: the results showed a significant link of high absence of female nurses and older nurses. This could be due to physical ailments at old age. Females might be having a lot of family responsibilities that impact on their work.
- Safety of the nurses and physical working conditions: results show that nurses are concerned about their safety and physical working conditions. The working conditions seem to be a challenge at Valkenberg Hospital.
- Progression: this is a challenge for a majority of the nurses, as they feel their progression is too slow. They also feel that the fact that they are not sent for further studies hinders their progression.
- The nursing categories showed that ENAs are the most absent in the hospital as compared to other higher level categories.

The following factors showed no importance to nurse absenteeism at Valkenberg Hospital: working relations, nature of work and regulations. The results clearly indicate that the nurses are happy with their working relations, the nature of work they do and they support the regulations of the hospital.

Absenteeism has become a major challenge that cuts across many organisations, nationally and globally.

5.2 Recommendations

Based on the preceding findings, the hospital management is recommended to do the following:

The hospital management should encourage ward managers to utilize nursing staff abilities and build trusting relationships with them so that they can trust them with their personal matters. The hospital management should further review the incentive bonus procedure in order to take into consideration all nurses involved in patient care as the best care for patients can be achieved through team work. Team building outings and courses are essential as the nurses will be motivated to go to work when there is mutual understanding among staff.

The nursing management should consult with the nursing staff about their needs, to carry out their work and involve them in decision-making processes.

The hospital management should consider employing younger people as the results show that the nurses closer to retirement are more absent as compared to the younger age groups. Additionally, the annual leave for older nurses needs to be taken into consideration. They should also schedule their leave days in a manner that they go on leave quarterly, thus dividing their allocated leave days. This can be more prudent than when allow the nurses to go for a whole-month leave only in a year. These `whole month leave only` mean that, the nurses cannot get tone to relax for the rest of the year. Their bodies are ageing so they deserve to rest. It is further recommended that, the `quarterly leaves` to be extended to the younger nurses as well. It will also be beneficial to them. And, it will not only help curb absenteeism. It will improve service delivery.

The nurses need to be sent for further studies and training in time for them to be able to progress in their career as they felt they take too long to progress. These further studies and training will not only curb absenteeism and enhance the nurses`

progression. They will equip the nurses better to cope with the ever changing and diverse needs of their patients.

It is further recommended that Valkenberg Hospital should provide facilities like pre-school as the female nurses appear to be more absent from work because of their multi-task roles.

The physical working conditions of the institution need to be revamped to accommodate the employees` basic needs. It is further recommended that the staff patient ratio be revised as the current ratio places tremendous pressure on nurses, this result in excessive workload.

The following are possible avenues for future research:

- A qualitative study to get in-depth views of nurses concerning the factors causing them to be absent from work,
- A qualitative study to find out what nurses think will reduce their absenteeism rates or levels.

6 References

- Adams, A. & Bond, S. 2000. Hospital Nurses' Job satisfaction, Individual and Organizational Characteristics. *Journal of Advanced Nursing*. 32(3):536-543.
- Adams, J. S. 1965. Inequity in Social Exchange. In L. Berkowitz (ed.) *Advances in Experimental Social Psychology*. 2:267–299. New York. Academic Press.
- Bargas, E. B. Monteiro M. I. 2014. *Factors Related to Absenteeism due to Sickness in Nursing Workers. (Fatores Relacionados ao Absenteísmo por Doença entre Trabalhadores de Enfermagem)*. 27(6):533-8.
- Baydawell, M. 2000. *Managing People Who Don't Come to Work. People Dynamics*. 18(4):15-19.
- Becker S. G. Oliveira M. L. C. 2008. *Study on the Absenteeism of Nursing Professionals in a Psychiatric Center in Manaus, Brazil*. Rev Latino-am Enfermagem 2008 Janeiro-Feveiro. 16(1):109-14.
- Bergman, M. E. Drasgow, F. Ormerod, A. J. & Palmieri, P. A. 2012. Racial/Ethnic Harassment and Discrimination, Its Antecedents, And Its Effect On Job-Related Outcomes. *Journal of occupational Health Psychology*. 17(1):65-78.
- Biron, M. & Bamberge, R. P. 2012. A Versive Workplace Conditions and Absenteeism: Taking Referent Group Norms and Supervisor Support Into Account. *Journal of Applied Psychology*. USA. American Psychological Association. 97:901-912.
- Booyens, S. W. (ed). 1998b. *Dimensions of Nursing Management*. Kenwyn: Juta. May: 51-60.
- Blanche M. T. Durrheim, K. & Painter, D. 2006. *RESEARCH IN PRACTICE: Applied Methods For The Social Sciences* (2nd ed). Cape Town. Juta.
- Bowers, L. Simpson, A. Eyres, S. Nijman, H. Grange, A. & Phillips, L. 2006. *Serious Untoward Incidents And Their Aftermath in Acute Inpatient Psychiatry: The Tompkins acute ward study*. 15:226-234.

- Bowers, L. Allan, T. Simpson, A. Jones, J. & Whittington, R. 2009. *Moral Is High In Acute Inpatient Psychiatry*. 44:39-46.
- Borda, R. G. & Norman, I. J. 1997. Factors Influencing Turnover And Absence of Nurses. *International Journal of Nursing Service*. 34(6):385-394.
- Bramham, J. 1978. *Practical Manpower Planning*. London. Woburn.
- Brink, H. Van de Walt, C. and Van Rensburg, G. 2012. *Fundamentals of Research Methodology for Healthcare Professionals (3rd ed)*. South Africa, Cape Town. Juta.
- Burns, N. & Grove, S. K. 2003. *The Practice of Nursing Research, Conduct, Critique and Utilization*. Philadelphia:Saunders.
- Burns, N. & Grove, S. K. 2007. *Understanding Nursing Research: Building an Evidence-Based Practice (4th ed.)* USA.Saunders.
- Burns, N. & Grove, S. K. 2009. *The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence. (6th ed.)* St. Louis: Saunders Elsevier publishers.
- Cascio, W. F. 2003. *Managing Human Resources : Productivity, Quality of Work Life, Profits (6th ed.)*. MacGraw-Hill. Irwin.
- Casini, A. Godin, I. Clays E. Kittel F. 2013. Gender difference in sickness absence from work: a multiple mediation analysis of psychosocial factors. *European Journal of Public Health*. Oxford University Press. 23 (4):635–642
- Catt, S. & Miller, D. S. 1991. *Supervision. Working With People*. Australia: Irwin.
- Chirumbolo, A. 2005. The Influence of Job Insecurity on Job Performance And Absenteeism: The Moderating Effect Of Work Attitudes. *SA Journal of Industrial Psychology*. 31(4):65-71.
- Cohen, A. & Golan, R. 2007. Predicting Absenteeism and Turnover Intentions By Past Absenteeism and Work. An Empirical Examination of Female Employees In Long Term Nursing Care Facilities. *Journal of Career Development*. 12(5):416-432.

Cole, C. L. 2002. *Sick of Absenteeism? Get Rid of Sick Days*. *Workforce*. 35:56-62.

Deboer, E. M. Bakker, A. B. Syroit, J. E. & Schaufeli, W. B. 2002. Unfairness at Work As a Predictor of Absenteeism. *Journal of Organizational Behaviour*. 23(2):181-197.

De Vos, A. S. Strydom, H. Fouche, C. B. & Delport, C. S. L. 2011. *REASERCH AT GRASS ROOTS: For the Social Sciences and Human Service Professions*. (4th eds.) Cape Town. Van Schaik.

Dierendonck, D. Pascale, M. Blanc, L. & Breukelen, W. 2002. Supervisory Behaviour, Reciprocity and Subordinate Absenteeism. *Leadership & Organization Development Journal*. 23(2):84-92.

Engelbrecht, B. 2000. *How To Monitor and Address Absenteeism in District Hospitals*. Kwik Skwiz. February. 1-4.

Erasmus, B. J. & Brevis, T. 2005. *Aspects of the Working Life of Women in the Nursing Profession in South Africa: Survey Results*. Curations.

Fluttert, F. A. J. Van Meijel, B. Nijman, H. Bjorkly, S. & Grypdonck, M. 2010. *Preventing Aggression Incidents and Seclusions In Forensic Care By Means Of The 'Early Recognition Method.'* 19:1529-1537.

Foster, W. H. & Vaughan, R. D. 2004. Absenteeism and Business Costs: Does Substance Abuse Matter? *Journal of Substance Abuse Treatment*. 28:27-33.

Gerber, P. D. Nel, P. S. & Van Dyk, P. S. (ed.) 1998. *Human Resources Management*. Southern Africa. International Thomson Publishers.

Gerber, P. D. Van Dyk, P. S. Haasbroek, G. D. Schultz, H. B. Sono, T. J. & Werner, A. 2001. *Human Resources Management*. South Africa. Thomson.

Grobler, P. A. Warnich, S. Carrell, M. R. Elbert, N. F. & Hatfield, R. D. 2002. *Human Resource Management in South Africa*. (2nd ed.) USA. Thomson.

Gül H. Ince, M. & Ozcan, N. 2011. The Relationship Between Workplace Mobbing and Burnout Among Academics at a Turkish University. *Journal of International Studies*. Issue 18.

Hall, E. J. 2004. Nursing Attrition and the Work Environment In South African Health Facilities. *South African Journal of Nursing*. 27(4):28-36.

Hoque, E. & Islam, M. 2003. Contribution of Some Behavioural Factors To Absenteeism Of Manufacturing In Bangladesh. Pakistan. *Journal of Psychological Research*. 81 (34):81-96.

Isah, E. C. Omorogbe, V. E. Orji, O. & Oyovwe, L. 2008. Self-Reported Absenteeism Among Hospital Workers in Benin City, Nigeria. *Ghana Medical Journal*. 42(1):2-7.

Italia S. Favara-Scacco C. Cataldo A. D. & Russo G. 2008. *Evaluation and art Therapy Treatment of the Burnout Syndrome in Oncology Units*. 17:676-680.

Johnson, C. J. Croghan, E. & Crawford, J. 2003. The Problem and Management of Sickness Absence in the NHS: Considerations for the Nurse. *Journal of Nursing Management*. 11:336-342.

Koekmoer, F. E. & Mostert, K. 2006. Job Characteristic, Burnout and Negative Work-Home Interference in a Nursing Environment. *SA Journal of Industrial Psychology*. 32(3):87-97.

Kumpula, E. Ekstrand, P. 2009. *Man and Masculinities in Forensic Psychiatric Care: An Interview Study Concerning Male Nurses` Experiences of Working With Male Caregivers and Male Patients*. 30:538-546.

Lapointe, E. Morin, A. J. S. Courcy, F. Boilard D. & Payette, D. 2012. *Workplace Affective Commitment, Emotional Labor and Burnout: A Multiple Mediator Model* Vol. 7, No. 1. Canadian Center of Science and Education. Canada.

Lee, J. S. Y. Akhar, S. 2011. *Effects of the Workplace Social Context and Job Content on Nurses Burnout*. *Human Resource Management*. Willey Periodicals. Inc. 50(2):227-245.

- Leiter, M. P. Maslach, C. 2009. *Nurse Turnover: The Mediating Role Of Burnout*. Journal of Nursing Management. Blackwell Publish.17:331-339.
- LoBiondo-Wood, G. & Haber, J. (eds.) 2010. *Nursing Research: Methods and critical appraisal for evidence-based practice*. St. Louis: Mosby Elsevier.
- Madu, S. N. & Mamomane, J. 2003. *Stress Among Nurses in Rural Hospitals in South Africa*. 7 (3):209-213.
- Maloney, C. 2012. *Critical Incident Stress Debriefing and Paediatric Nurses: An Approach to Support the Work Environment and Mitigate Negative Consequences*. 38(2):110-113.
- Martocchio, J. 1989. Age-related differences in employee absenteeism: A meta-analysis. *Journal of Psychology and Aging*. 4(4):409-414.
- Mclaighin K. Muldoon O. T. Moutray M. 2010. *Gender, Gender Roles and Completion of Nursing Education: A Longitudinal Study*. *Nurse education today*. 30:303-307.
- Mngomezulu, T. 2001. *Global Migration of Nurses*. *Nursing Update*. 25(9):39.
- Mrayyan, M. T. 2005. Nurse Job Satisfaction and Retention: Comparing Public To Private Hospitals in Jordan. *Journal of Nursing Management*. 13:40-50.
- Mzolo, B. 2001. *Global Migration of Nurses: A Vexing Problem*. *Nursing Update*. 25(9):38.
- Nahrgang J. D. Morgeson, P. F. & Hofmann, D. A. 2011. Safety at Work: A Meta-Analytic Investigation of the Link Between Job Demand, Job Resources, Burnout, Engagement, and Safety Outcomes. *Journal of Applied Psychology*. American Psychological Association. USA. 96:71-94.
- Neuman, W. L. 2000. *Social Research Methods: Qualitative and Quantitative Approaches* (4th eds.) USA. Allyn & Bacon.

Nunez-Smith, M. Pilgrim, N. Wynia, M. Desai, M. M. Jones, B. A. Bright, C. Krumholz, H. M. & Bradley E. H. 2009. *Race/Ethnicity and Workplace Discrimination: Results of a National Survey of Physicians*. 24(11):1198-204.

Nyathi, M. & Jooste, K. 2008. *Working Conditions That Contribute To Absenteeism Among Nurses In A Provincial Hospital In The Limpopo Province*. Curation. 31(1):28-27.

Oke, A. & Dowson, P. 2012. The Role of Socio-Cultural Norms in Workplace Stress: An Emperical Study of Bank Employees in Nigeria. *International Journal of Management*. 29(1/2):314-331.

Owen, C. Tarantello, C. Jones, M. & Tennant, C. 1998. *Violence and Aggression in Psychiatric Units*. Vol. 49 No. 11.

Parker, P. A. & Kulik, J. A. 1995. Burnout, Self-and Supervisor-Rated Job Performance, and Absenteeism Among Nurses. *Journal of Behavioural Medicine*. Plenum Publishing. 18(6): 581-599.

Pereira, S. M. Fonseca, A. M. & Carvalho, A. S. 2012. Burnout in Nurses Working in Portuguese Palliative Care Teams: A Mixed Methods Study. *International Journal of Palliative Nursing*. Mark Allen Publishing Ltd. 18(8):373-381.

Pillay, R. 2009. *Work Satisfaction of Professional Nurses in South Africa, A Comparative Analysis Of The Public And Private Sectors*. *Human Resource for Health*. (7):7-15.

Prado, A. G. & Chawla, M. 2006. *The Impact of Hospital Management Reforms on Absenteeism in Costa Rica*. *Health and Policy Planning*. 21(2):91-100.

Priebe, S. Fakhoury, W. K. H. Hoffmann, K. & Powell, R. A. 2005. *Morale and Job Perception of Community Mental Health Professionals in Berlin and London*. 40:223-232.

Rauhala, A. Kivimäki, K. I. M. Fagerström, M. L. Elovainio, M. Virtanen, M. Vahtera J. Rainio A. K. Ojaniemi, K. & Kinnunen, J. 2007. What Degree of Work Overload is

Likely to Cause Increased Sickness Absenteeism Among Nurses? Evidence from the RAFAELA Patient Classification System. *Journal of Advanced Nursing*. 57(3):286–295.

Reis, R. La Rocca, P. F. Silveira, A. M. Bonilla, I. M. L. Gine, A. N. & Martin, M. 2003. *Factors Related to Sickness Absenteeism Among Nursing Personnel*. *Scielo Public Health*. 37(5):616-623.

Republic of South Africa Basic Conditions of Employment Act No. 75 of 1997 as amended by *Basic Conditions of Employment Amendment Act, No 11 of 2002*.

Robbins, S. Odendaal, A. & Roodt, G. 2003. *Organisational Behaviour-Global and Southern African perspectives*. South Africa: Pearson Education.

Roelen, C. A. M. Magery, N. van Rhenen, W. Groothoff, J. van der Klink, J. L. Pallesen, S. Bjorvatn, B. & Moen, B. E. 2013. Low job satisfaction does not identify nurses at risk of future sickness absence: Results from a Norwegian cohort study. *International Journal of Nursing Studies*. 50:366–373.

Sasaki, M. Kitaoka-Higashiguchi, K. Morikawa, Y. & Nakagawa, H. 2009. Relationship Between Stress Coping and Burnout in Japanese Hospital Nurses. *Journal of Nursing Management*. 17:359-365.

Sellgren, S. F. Ekvall, G. & Tomson, G. 2008. Leadership Behaviour of Nurse Managers in Relation to Job Satisfaction and Work Climate. *Journal of Nursing Management*. 16:578-587.

Shader, K. Broome, M. E. Broome, C. D. West, M. E. & Nash, M. 2001. Factors Influencing Satisfaction and Anticipated Turnover for Nurses in An Academic Medical Centre. *JONA*. 31(4):210-216.

Shamian, J. O'Brien-Pallas, L. Thomson, D. Alksnis, C. Kerr, M. S. 2003. *Nurse Absenteeism, Stress and Workplace Injury: What Are the Contributing Factors and What Can / Should Be Done About It?* 23(8):81-103.

Siu, O. 2002. Predictors of Job Satisfaction And Absenteeism in Two Samples Of Hong Kong Nurses. *Journal of Advanced Nursing*. 40 (2):218-229.

- Spear, J. Wood, L. Chawla, S. Devis, A. & Nelson, J. 2004. *Job Satisfaction And Burnout in Mental Health Services For The Older People*. 12:58-61.
- Taunton, R. L. Hope, K. Woods, C. Q. & Bott, M. J. 1995. *Predictors of Absenteeism Among Hospital Staff Nurses*. *Nursing Economics*. 13(4):217-229.
- Thomson, D. 2005. *Absenteeism*. In *Quality Work Environments For Nurses And Patient Safety* McGillis-Hall L. (ed.), Jones and Bartlett. Boston. 229–357.
- Tourangeau, A. E. Hall, L. M. Doran, D. M. & Petch, T. 2006. Measurement of Nurse Job Satisfaction Using The McCloskey / Mueller Satisfaction Scale. *Nursing Research*. 55(2):128-136.
- Triana, C. Garcia, M. F. & Colella, A. 2010. *Managing Diversity: How Organizational Efforts to Support Diversity Moderate the Effects of Perceived Racial Discrimination on Effective Commitment*. *Personnel Psychology*. 63:817-843. USA. Wiley.
- Troy, P. H. Wyness, L. A. & McAuliffe, E. 2007. *Nurses Experience of Recruitment And Migration From Developing Countries: A Phenomenological Approach*. *Human Resources for Health*. 5:5-15. WESTERN CAPE
- Unruh, L. Joseph, L. & Strickland, M. 2007. *Nurse Absenteeism and Work Load: Negative Effect on Restraint Use, Incident Reports and Morality*. USA. Blackwell.
- Vodanovich, S. J. & Callender, A. 2001. State-Trait Boredom: Relationship To Absenteeism, Tenure, And Job Satisfaction. *Journal of Business and Psychology*. 16(9):317-327.
- Whittington, R. Higgins, L. 2002. *More Than Zero Tolerance? Burnout And Tolerance For Patient Aggression Amongst Mental Health Nurses in China And The UK*. (106-412):37-40.
- Yende, P. M. 2005. *Utilizing Employee Assistance Programme To Reduce Absenteeism in the Workplace*: Short Dissertation. Johannesburg: University of Johannesburg. 1-74.

Zangaro, G. A. & Soeken, K. L. 2007. *A Meta-Analysis of Studies of Nurses` Job Satisfaction*. 30:445-458.



APPENDIX A. SAFETY QUESTIONS & RESPONSES.

The following abbreviations were used Strongly Agree (S/A), Agree (A), Strongly Disagree (S/D) & Disagree (D).

| Q. | | S/A | A | Total AGREE | S/D | D | TOTAL DISAGREE | Blanks |
|----|--|-----|-----|-------------|-----|-----|----------------|--------|
| 9 | The following statements on staff safety in the hospital address various safety factors that cause absenteeism of nurses from work: You are able to perform your task without having to be on your feet for long periods, having to lift heavy objects, being in a bent or crouching and or in an uncomfortable position. | 8% | 47% | 56% | 8% | 33% | 41% | 3% |
| 11 | You can perform your tasks without the nature of your work and your actions endangering other people`s safety or lives, and or having a negative effect on the nature / quality of their lives. | 14% | 55% | 69% | 4% | 17% | 21% | 10% |
| 22 | You can perform your tasks without endangering your own safety as a result of the nature of your work and the actions required from you. | 5% | 42% | 47% | 12% | 38% | 50% | 3% |

APPENDIX B. PHYSICAL CONDITION QUESTIONS & RESPONSES.

| Q. | | S/A | A | TOTAL/ AGREE | S/D | D | TOTAL/ DISAGREE | BLANKS |
|-----|--|-----|-----|--------------|-----|-----|-----------------|--------|
| 3. | The following questions on physical working conditions in the hospital address various factors that cause absenteeism of nurses from work: Do you encounter one or more of the following: considerable noise, high/ low, gasses, poor lighting, crowding of people and or any other problems that concern your physical working conditions? | 13% | 46% | 59% | 5% | 32% | 37% | 4% |
| 14. | Is your necessary job equipment (for example, stationery, tools, electronic and laboratory apparatus always available? | 2% | 26% | 28% | 22% | 47% | 69% | 3% |
| 25. | Do you have sufficient job equipment at your disposal? | 1% | 29% | 30% | 13% | 55% | 68% | 2% |
| 26. | Are the physical working conditions (for example, lighting and temperature) satisfactory? | 2% | 43% | 45% | 10% | 41% | 51% | 4% |
| 35. | Is your job equipment (for example, computer, stationery | 4% | 42% | 46% | 7% | 45% | 52% | 2% |

| | | | | | | | | |
|-----|--|----|-----|------------|-----|-----|------------|-----------|
| | and tools) in a good working order? | | | | | | | |
| 30. | Does the nature of the furniture and decorations in your working area create a pleasant working environment? | 4% | 42% | 46% | 8% | 43% | 51% | 3% |
| 47 | Do the facilities (such as toilets and kitchens) meet your needs? | 4% | 43% | 47% | 10% | 40% | 50% | 3% |

APPENDIX C. REGULATION QUESTIONS & RESPONSES.

| Q | The following questions on staff regulations address various factors that cause absenteeism of nurses from work: | S/A | A | TOTAL AGREE | S/D | D | TOTAL/ DISGREE | BLANK |
|-----|--|-----|-----|-------------|-----|-----|----------------|-----------|
| 21. | Do the personnel regulations (for example, working clothes and working hours) satisfy your needs? | 4% | 50% | 54% | 10% | 35% | 45% | 1% |
| 49. | Do the Regulations regarding personal matters (for example concerning working hours, conditions of employment, and working conditions) reflect well on the organization? | 7% | 45% | 52% | 4% | 35% | 39% | 9% |

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APPENDIX D. TRAINING QUESTIONS & RESPONSES.

| Q | The following questions on the training of nursing personnel address various factors that cause absenteeism of nurses from work: | S/A | A | TOTAL/ AGREE | S/D | D | TOTAL/ DISGREE | BLANK |
|-----|--|-----|-----|--------------|-----|-----|----------------|------------|
| 15. | Are you exposed to the necessary training courses? | 5% | 36% | 41% | 16% | 39% | 56% | 3% |
| 27. | Are your abilities and skills developed and extended? | 3% | 36% | 39% | 11% | 40% | 51% | 10% |
| 28. | Do you have sufficient knowledge and information to do your work? | 16% | 63% | 79% | 1% | 18% | 19% | 2% |

APPENDIX E. PROGRESSION QUESTIONS & RESPONSES.

| Q | The following questions on progression address various factors that cause absenteeism | S/A | A | TOTAL/ AGREE | S/D | D | TOTAL/ DISGREE | BLANKS |
|---|---|-----|---|--------------|-----|---|----------------|--------|
|---|---|-----|---|--------------|-----|---|----------------|--------|

| | | | | | | | | |
|-----|---|-----|-----|------------|-----|-----|------------|------------|
| | of nurses from work: | | | | | | | |
| 4. | Do you find yourself in which has a negative effect on the progress and development of your career (for example your weaknesses are over-emphasized and you find it difficult to progress to higher posts)? | 14% | 32% | 46% | 4% | 43% | 47% | 7% |
| 8. | Do you receive recognition for what you do? | 6% | 27% | 33% | 17% | 46% | 63% | 4% |
| 17. | Are you satisfied with your promotion if you got any? | 2% | 36% | 38% | 11% | 39% | 51% | 11% |
| 19. | Do you have status (to feel important)? | 1% | 46% | 47% | 10% | 38% | 48% | 5% |
| 34. | Are you are making progress? | 10% | 51% | 61% | 6% | 28% | 34% | 5% |

APPENDIX F. WORKLOAD QUESTIONS & RESPONSES.

| Q | The following questions on staff levels address various factors that cause absenteeism of nurses from work: | S/A | A | TOTAL/ AGREE | S/D | D | TOTAL/ DISAGREE | BLANKS |
|-----|---|-----|-----|--------------|-----|-----|-----------------|-----------|
| 37. | Do you have enough work to keep busy? | 21% | 64% | 85% | 3% | 8% | 11% | 4% |
| 48. | Can you get the work assigned to you done in time? | 13% | 59% | 72% | 4% | 20% | 24% | 4% |

APPENDIX G. NATURE OF WORK QUESTIONS & RESPONSES.

| Q | The following questions on the nature of work nurses perform address various factors that cause absenteeism of nurses from work: | S/A | A | TOTAL/ AGREE | S/D | D | TOTAL/ DISGREE | BLANKS |
|-----|--|-----|-----|--------------|-----|-----|----------------|-----------|
| 2. | Are you dissatisfied about the nature (content) of your work for example, is it uninteresting / boring o does it not correspond with your aptitude). | 4% | 30% | 34% | 4% | 58% | 62% | 4% |
| 10. | Are able to assume full responsibility for all you do? | 18% | 64% | 82% | 1% | 10% | 11% | 7% |
| 13 | Are you able to work independently? | 25% | 52% | 77% | 5% | 10% | 15% | 8% |
| 16 | Are all your good qualities used? | 4% | 46% | 50% | 7% | 37% | 44% | 6% |
| 29 | Can your tasks be performed without demanding your continued and intense | 7% | 46% | 53% | 7% | 36% | 43% | 4% |

| | | | | | | | | |
|-----|---|-----|-----|------------|----|-----|------------|-----------|
| | concentration? | | | | | | | |
| 38. | Are you able to take initiative? | 10% | 70% | 80% | 1% | 12% | 13% | 7% |
| 39. | Are able to be involved in different tasks? | 11% | 73% | 84% | 0% | 14% | 14% | 2% |
| 41. | Is your potential used to the fullest? | 5% | 49% | 54% | 5% | 36% | 41% | 5% |

APPENDIX H. SALARY QUESTIONS & RESPONSES.

| Q | The following items on nurse's salary, benefits and incentive bonuses address various factors that cause absenteeism of nurses from work: | S/A | A | TOTAL/AGREE | S/D | D | TOTAL/DISAGREE | BLANKS |
|-----|---|-----|-----|-------------|-----|-----|----------------|-----------|
| 6. | Are you dissatisfied with one or few of the following: pension, medical aid, achievement bonuses (SPMS), salary and or any other aspect of your remuneration package? | 30% | 39% | 69% | 9% | 20% | 29% | 2% |
| 12. | Is your salary market-related, in other words, does it compare well with what people with similar qualifications and experience earn? | 7% | 41% | 48% | 13% | 32% | 45% | 7% |
| 18. | Do your fringe benefits (for example housing subsidy) ensure your support and security? | 4% | 45% | 49% | 14% | 32% | 46% | 5% |
| 33. | Is your salary adequate to motivate you to work hard at all times? | 7% | 37% | 44% | 14% | 40% | 54% | 2% |
| 36. | Is your input adequately remunerated? | 1% | 41% | 42% | 7% | 44% | 51% | 7% |
| 40. | Is your post essential, and, will be retained? | 10% | 64% | 74% | 2% | 18% | 20% | 6% |

APPENDIX I. MANAGEMENT QUESTIONS & RESPONSES.

| Q. | The following items on management address various factors that cause absenteeism of nurses from work: | S/A | A | TOTAL/AGREE | S/D | D | TOTAL/DISAGREE | BLANKS |
|----|---|-----|-----|-------------|-----|-----|----------------|-----------|
| 1. | Does the organisation, as a whole function satisfactorily (for example, owing to the poor Organisation, little confidence in employees and or incorrect | 16% | 44% | 60% | 4% | 36% | 40% | 0% |

| | | | | | | | | |
|-----|---|-----|-----|------------|-----|-----|------------|-----------|
| | leadership styles)? | | | | | | | |
| 7. | Are you dissatisfied with one or more of the following: working hours, conditions of employment, working clothes, communication channels with respect to grievances and complaints and or any other regulations involving personal matters? | 20% | 47% | 67% | 7% | 23% | 30% | 3% |
| 20. | Are you able to get along with you supervisor? | 14% | 68% | 82% | 7% | 10% | 17% | 1% |
| 23. | Are you involved in decision making that concerns you? | 4% | 30% | 34% | 15% | 44% | 59% | 7% |
| 42. | Are you able to talk to your supervisor when you want to? | 15% | 62% | 77% | 1% | 20% | 21% | 2% |
| 44. | Are you are able to maintain good relations with your supervisor? | 16% | 59% | 75% | 1% | 22% | 23% | 2% |
| 45. | Can you trust your supervisor in all circumstances? | 7% | 34% | 41% | 10% | 44% | 54% | 4% |
| 46. | Are the instructions you receive in keeping with previous instructions (in other words, you do not receive contradictory instructions)? | 3% | 44% | 47% | 4% | 40% | 44% | 9% |

APPENDIX J. WORKING RELATION QUESTIONS & RESPONSES.

| Q. | The following items on working relations address various factors that cause absenteeism of nurses from work: | S/A | A | TOTAL/ AGREE | S/D | D | TOTAL/ DISAGREE | BLANKS |
|-----|---|-----|-----|--------------|-----|-----|-----------------|-----------|
| 5. | Do you find it difficult to deal with social matters (such as socializing in a group and or maintaining good interpersonal relations)? | 5% | 17% | 22% | 21% | 53% | 74% | 4% |
| 24. | Can you perform your tasks without coming into conflict with other people or straining your relations with other people as a result of the nature of your work? | 11% | 49% | 60% | 3% | 33% | 36% | 4% |
| 31. | Do you have good relations with your colleagues? | 26% | 64% | 90% | 1% | 6% | 7% | 3% |
| 32. | Do your colleagues consider you competent and or hard-working? | 20% | 61% | 81% | 1% | 14% | 15% | 4% |
| 43. | Are you are able to maintain good social relationships with your colleagues? | 24% | 62% | 86% | 1% | 9% | 10% | 4% |

APPENDIX K.

QUESTIONNAIRE

Study Reference Number

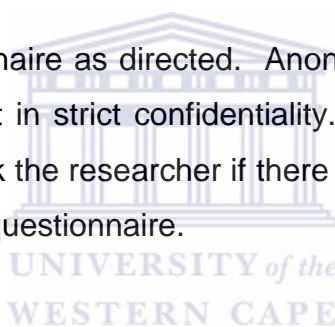
Date _____

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

My name is **Mvuseleli Kovane**. I am currently registered with the University of the Western Cape for a Masters Degree in Public Administration (MPA) in the Faculty of Economic Management and Sciences (EMS). Thank you for agreeing to participate in the study of:

Factors causing absenteeism of nurses in an acute psychiatric hospital: Case study at Cape Town

Please complete the questionnaire as directed. Anonymity will be maintained and all the collected data will be kept in strict confidentiality. Your name will not be on the questionnaire. Feel free to ask the researcher if there is a question or anything you do not understand regarding the questionnaire.



BIOGRAPHICAL DATA

Please choose one appropriate answer in the box [x].

1. How old are you?

| | |
|-------|--------------------------|
| 20-30 | <input type="checkbox"/> |
| 31-40 | <input type="checkbox"/> |
| 41-50 | <input type="checkbox"/> |
| 51-60 | <input type="checkbox"/> |

2. Gender

| | |
|--------|--------------------------|
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |

3. Marital status

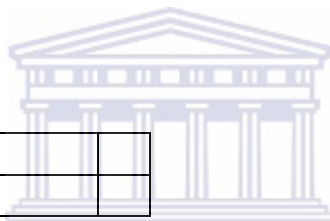
| | |
|----------|--|
| Single | |
| Married | |
| Divorced | |
| Other | |

5. South African population group.

| | |
|----------|--|
| African | |
| Coloured | |
| White | |
| Indian | |

6. What is your nationality?

| | |
|---------------|--|
| South African | |
| Other | |



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7. Employment position.

| | |
|------------------------------|--|
| Operational manager | |
| Registered nurse PNB1 | |
| Registered nurse (general) | |
| Registered nurse (community) | |
| Enrolled nurse | |
| Nursing assistance | |

8. Are you permanently employed?

| | |
|-----|--|
| Yes | |
| No | |

9. Are you on a contract post?

| | |
|-----|--|
| Yes | |
| No | |

10. What is your level of education?

| | |
|---------------------|--|
| PHD | |
| Masters | |
| Advanced Psychiatry | |
| Degree | |
| Diploma | |
| Auxiliary nurse | |

11. How long have you been working for this hospital?

| | |
|--------------------|--|
| 0-5 years | |
| 6-10 years | |
| 11-15 years | |
| 16-20 years | |
| 21-25 years | |
| 26 years and above | |

12. What type of transport do you use to travel to work?

| | |
|---------|--|
| Public | |
| Private | |

13. What is the type of the ward in which you are currently working?

| | |
|---------------------------|--|
| Forensic Maximum security | |
| Forensic open ward | |
| Male acute ward | |
| Female acute ward | |

14. Is the staff patient ratio well maintained?

| | |
|-----|--|
| Yes | |
| No | |

15. Do you have dependants?

| | |
|-----|--|
| Yes | |
| No | |

16. How old are your dependents?

| | |
|--------------|--|
| 0-10 | |
| 11-20 | |
| 21-30 | |
| 31 and above | |

SECTION B.

THE FOLLOWING STATEMENTS AND QUESTIONS ADDRESS VARIOUS FACTORS THAT CAUSES ABSENTEEISM OF NURSES FROM WORK. PLEASE INDICATE BY MARKING [X] ONE SPACE IN THE BOX THE ANSWER THAT IS APPROPRIATE TO YOU ACCORDING TO THE SCALE FROM STRONGLY AGREE TO STRONGLY DISAGREE.

| | Strongly agree | Agree | Disagree | Strongly disagree |
|--|----------------|-------|----------|-------------------|
| 1. The organisation as a whole does not function satisfactory (for example owing to the poor Organisation, little confidence in employees and or incorrect leadership styles)? | | | | |
| 2. Are you dissatisfied with the nature (content) of your work for example, is it uninteresting / boring, or, does it not correspond with your aptitudes)? | | | | |
| 3. Do you encounter one or more of the following: considerable noise, high/ low, gasses, poor lighting, crowding of people and or any other problems that concern your physical working conditions? | | | | |
| 4. Do you find yourself in a situation which has a negative effect on the progress and development of your career (for example your weaknesses are over-emphasized and you find it difficult to progress to higher posts)? | | | | |
| 5. Do you find it difficult to deal with social matters (such as socializing in a group and or maintaining good interpersonal relations?). | | | | |
| 6. Are you dissatisfied with one or few of the following: pension, medical aid, achievement bonuses (SPMS), salary and or any other aspect of your remuneration package? | | | | |
| 7. Are you dissatisfied with one or more of the following: working hours, conditions of employment, working clothes, communication | | | | |

| | | | | |
|---|-----------------------|--------------|-----------------|--------------------------|
| channels with respect to grievances and complaints and or any other regulations involving personal matters? | | | | |
| 8. Do you receive recognition of what you do? | | | | |
| | | | | |
| | Strongly agree | agree | Disagree | Strongly disagree |
| 9. You are able to perform your task without having to be on your feet for long periods having to lift heavy objects, with being in a bent or crouching and or in an uncomfortable position. | | | | |
| 10. Are you able to assume full responsibility for all you do? | | | | |
| 11. You can perform your tasks without the nature of your work and your actions endangering other people`s safety or lives, and or having a negative effect on the nature / quality of their lives? | | | | |
| 12. Is your salary market-related, in other words, does it compares well with what people with similar qualifications and experience earn? | | | | |
| 13. Are you able to work independently? | | | | |
| 14. Is your necessary job equipment (for example stationery, tools, electronic and laboratory equipment) always available? | | | | |
| 15. Are you exposed to the necessary training courses? | | | | |
| 16. Are all your good qualities are used? | | | | |
| 17. Are you satisfied with your promotion? | | | | |
| 18 Do your fringe benefits (for example housing subsidy) ensure your support and security? | | | | |
| 19. Do you (feel important) have status? | | | | |
| 20. Are you able to get along with you supervisor? | | | | |
| 21. Do the personnel regulations (for example working clothes and working hours) satisfy your needs? | | | | |
| 22. You can perform your tasks without endangering your own safety as a result of the nature of your work and the actions required from you. | | | | |
| 23. Are you involved in decision making that concerns you? | | | | |

| | | | | |
|---|-----------------------|--------------|-----------------|--------------------------|
| 24. Can you perform your tasks without coming into conflict with other people or straining your relations with other people as a result of the nature of your work? | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree |
| 25. Do you have sufficient job equipment at your disposal? | | | | |
| 26. Are the physical working conditions (for example lighting and temperature) are satisfactory? | | | | |
| 27. Are your skills developed and extended? | | | | |
| 28. Do you have sufficient knowledge and information to do your work? | | | | |
| 29. Can your tasks be performed without demanding your continued and intense concentration? | | | | |
| 30. Does the nature of the furniture and decorations in your working area create a pleasant working environment? | | | | |
| 31. Do you have good relations with your colleagues? | | | | |
| 32. Do your colleagues consider you competent and or hard-working? | | | | |
| 33. Is your salary adequate to motivate you to work hard at all times? | | | | |
| 34. Are you making progress? | | | | |
| 35. Is your job equipment (for example computer, stationary and tools) is in good working condition. | | | | |
| 36. Is your input adequately remunerated? | | | | |
| 37. Do You have enough work to keep busy? | | | | |
| 38. Are you able to take the initiative? | | | | |
| 39. Are you involved in different tasks? | | | | |
| 40. Is your post essential and will be retained? | | | | |
| 41. Is your potential used to the fullest? | | | | |
| 42. Are you able to talk to your supervisor when you want to? | | | | |
| 43. Are you able to maintain good social relationships with your colleagues? | | | | |
| 44. Are you able to maintain good relations with your supervisor? | | | | |
| 45. Can you trust your supervisor in all circumstances? | | | | |

| | | | | |
|--|-----------------------|--------------|-----------------|--------------------------|
| 46. Are the instructions that you receive are in keeping with previous instructions (in other words that you do not receive contradictory instructions)? | | | | |
| 47. Do the facilities (such as toilets and kitchens) meet your needs? | | | | |
| | Strongly agree | Agree | Disagree | Strongly disagree |
| 48. Can you get the work assigned to you done in time? | | | | |
| 49. Regulations regarding personal matters (for example concerning working hours, conditions of employment, working clothes) reflect well on the organization? | | | | |

Section C.

What are other factors that you think causes absenteeism of nurses in your work place?

.....

.....

.....

.....

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.....

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Thank you for participating
Mvuseleli Kovane



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OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

04 September 2013

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by Mr M Kovane (School of Government)

Research Project: Factors causing absenteeism of nurses in an acute psychiatric hospital: Case study at Cape Town.

Registration no: 13/7/25

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

A place of quality,
a place to grow, from hope
to action through knowledge

98 Cardamom Avenue

Bardale Village

Kuils River

7580

05 September 2013

Chief Executive Officer

Valkenberg Hospital

Private Bag X1

Observatory

Re: Request to carry out a Survey with the Nursing staff in Valkenberg

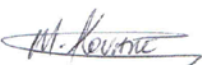
Madam

I would like to request to carry out a survey within Valkenberg Hospital with the nursing staff. I am one of the Professional nurses at Valkenberg Hospital but currently studying part-time at the University of the Western Cape. The research study title is: **Factors causing absenteeism of nurses in an acute psychiatric Hospital: Case study at Cape Town.** This study is carried out in partial fulfilment of a mini thesis that leads towards completion of Masters in Public Administration (MPA) degree, at the University Of The Western Cape.

I hope my request will be taken into consideration.

Kind Regards

Mvuseleli Kovane



2323386



**Western Cape
Government**

Health

STRATEGY & HEALTH SUPPORT

Health.Research@westerncape.gov.za

tel: +27 21 483 6857; fax: +27 21 483 9895

5th Floor, Norton Rose House, 8 Riebeeck Street, Cape Town, 8001

www.capegateway.gov.za

REFERENCE: RP 157/2013

ENQUIRIES: Ms Charlene Roderick

**Valkenberg Hospital
Observatory Road
Observatory
7935**

For attention: **Mr M Kovane**

Re: Factors causing absenteeism of nurses in an acute psychiatric hospital: Case study at Cape Town

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact the following people to assist you with any further enquiries in accessing the following sites:

Valkenberg Hospital

Estelle Malgas

Contact No. 021 440 3260



Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
3. The reference number above should be quoted in all future correspondence.

Yours sincerely

Dr NT Naledi

DIRECTOR: HEALTH IMPACT ASSESSMENT

DATE: 18/10/2013

CC **MS C DEAN**

CEO: VALKENBERG HOSPITAL