Faculty of Community and Health Sciences
School of Nursing

INVESTIGATING THE SELF-REPORTED REASONS FOR ABSENTEEISM OF NURSES WORKING IN A FACILITY FOR INTELLECTUALLY DISABLED PERSONS IN THE WESTERN CAPE

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ABSTRACT

Background: Absenteeism is a worldwide problem in health care facilities. Absenteeism results in low standard of care and in the dissatisfaction of clients as routine care activities tend to be disrupted due to the shortage of staff. Nurses are perceived to be under continued stress due to increased pressure at the workplace, which results in dissatisfaction, conflicts and absenteeism. Although the topic has been researched, very little information is available about nurse absenteeism in care facilities for intellectually disabled persons.

Absenteeism often occurs because of low commitment by the staff members, illnesses, and job dissatisfaction. Nurse absenteeism impacts negatively on the activities of the facilities because the work becomes disorganized and schedules are delayed and patient care may be compromised.

Aims and objectives: The aim of this study was to investigate self-reported reasons for absenteeism amongst nurses working in a facility for intellectually disabled persons in the Western Cape. The objectives were to describe the safety and security reasons, physical conditions, and work relations that contributed to absenteeism of nurses in this facility.

Research design and method: A quantitative descriptive approach was utilised, using a self-completed questionnaire.

Study setting and population: The study was conducted in a facility for intellectually disabled persons in Western Cape. The study population comprised all the permanently employed nurses working in a facility for intellectually disabled persons in the Western Cape in 2017. The population of nurses in this facility was N=191. Ten nurses (3 RNs, 3 ENs and 4 ENAs) who were not part of the actual study, participated in a pilot study, another ten nurses were nurse managers who were not included. Twenty nurses were on leave, therefore the study population for this study was 151 nurses (n=151). All inclusive sampling was used.

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Data analysis: Data was managed and analysed using SPSS version 24. Data is presented in tables, graphs and charts.

Results: The majority of participants 76% reported that the physical environment contributed to their absenteeism. 54.6% of the respondents were concerned about physical injuries that they often sustain whilst caring for their clients. 56.6% of respondents reported that the psychosocial environment was also perceived to be unconducive. Absenteeism was also influenced by the lack of equitable access to training opportunities. Other factors reported included heavy workloads which lead to burnout (62%n=67).

Conclusions and recommendations: There is a need for the improvement of the infrastructure in the institution, the introduction of wellness programmes in the workplace and support of nurses to limit burnout. Equitable access to training and opportunities for and career development should be encouraged by nurse managers.

KEYWORDS

Absenteeism; Nursing staff; Intellectual disability; Service delivery; Performance; Stress; Sickness; Burnout.

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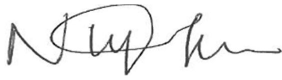
DECLARATION

I, Nompumelelo Florence Dinizulu, hereby declare that this mini-thesis dissertation "Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectually disabled persons in the Western Cape'' has not been submitted previously by me for the degree at this or any other University. This is my original work in design and in implementation, and all resources contained herein have been correctly acknowledged with a list of references.



29 June 2021

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DEDICATION

I would like to dedicate this study to my late grandmother, Nosingile Dinizulu. A staunch believer in education as the key to success in life, she persistently encouraged me to work hard to further my qualifications. For her words of wisdom—"Manyawuza, Thahla, Hlamba ngobubende amanz' ekhona"—I remain eternally grateful; grandma, I am proud to have been your granddaughter and blessed to have been a partaker of your experience-informed guidance and wisdom.

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Firstly, I would like to thank the Almighty God for granting me the strength to start and finish my studies: the journey was indeed tough.

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The Department of Health in Western Cape Province, for granting me permission to conduct this study at the Alexandra facility for intellectually disabled persons in the Western Cape.

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My gratitude goes to all the nurses who participated in the study; may God richly bless them.

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DEFINITION OF CONCEPTS

Absenteeism: the act of an employee missing work constantly to the extent that the behaviour becomes habitual and creates a pattern (Jennings, 2017).

Operational definition: the decision of employee to abscond from duty/work.

Nurse: is a trained professional who cares for individuals of all ages, families, and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people (SANC, 2015).

Operational definition: individual who has been trained to look after sick or disabled people.

Intellectual disability: Refers to a health condition characterized by certain deficiencies, including intellectual functioning and adaptive behaviour, which affects patients' social and functioning skills (APA, 2013).

Operational definition: in this study the definition refers to persons who are intellectually disabled, whether from birth, illness or trauma, which is severe enough to require care in an institutional setting.

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LIST OF ABBREVIATIONS AND ACRONYMS

BCEA	Basic Conditions of the Employment Act
COIDA	Compensation on Occupational and Injury and Disease Act
DENOSA	Democratic Nursing Organisation of South Africa
DOH	Department of Health
DRC	Democratic Republic of Congo
EAP	Employment Assistance Programme
EN	Enrolled Nurse
ENA	Enrolled Nurse Assistant
GG	Government Gazette
HHR	Health Human Resources
HOSPERSA	Health and other Service Personnel Labour Union of South Africa
ICAS	Independent Counselling and Advisory Services
ICU	Intensive Care Unit
IFMS	Integrated Financial Management System
LRA	Labour Relations Act
NEHAWU	National Education and Allied Workers' Union
NPSWU	National Public Service Workers' Union
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PILIR	Procedure on Incapacity Leave and Ill Health Retirement
RN	Registered Nurse
SANC	South African Nursing Council
SPSS	Statistical Package for Social Science
SRNA	Saskatchewan Registered Nurses Association

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Chapter 1

Introduction

This chapter presents a broad overview of the study, including the research question, the problem statement, the aims and objectives, and the study's approach.

1.1 Background to the Study

Employers in South Africa have huge challenges due to the consequences of absenteeism by employees (Hlomela, 2013). The causes of absenteeism among nurses have been the focus of a number of studies (Alharbi, Almuzini, Aljohani, Albowini & Althubyini, 2018; Walker & Bamford, 2011), but little has been done regarding the effect of absenteeism on the nurses remaining at work. Absenteeism may result in poor service, poor productivity and waste of time, which is not only a problem in South Africa, but also a challenge in health care sectors worldwide (Marga, 2010). Many skilled professional nurses have left South Africa's public health sector; this has resulted in staff shortages, compounding the difficulties faced by the country's public health sector. Due partly to attrition rates, the Department of Health developed a strategy to help in addressing the challenges faced by nursing. The aim of this strategy was to employ well-trained and educated professional nurses to ensure the provision of adequate, high quality health care for all South African citizens (Holmes, 2010).

According to Ndhlovu (2012), the term absenteeism was first used in addressing employed persons during the First World War in Britain. Absenteeism, often a result of low morale on the part of staff, can affect the well-being of employees (Jacobs, 2014). Employees who are highly motivated, and have interest in their work, wait until they are seriously sick before staying away from the workplace (Magnago, Lisboa, Griep, Kirchhof & Guido, 2010). Employees tend to either withdraw from or attend to their jobs, described as job attendance criteria, which is divided into three categories, namely, tardiness, occupational category, and absenteeism and job tenure.

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In various countries, including Canada, policymakers have considered various policy interventions in response to the shortage of nurses. These policies have tended to be narrow in scope, often focusing on a single determinant of Health Human Resources (HHR) supply, such as enrolments in education or training programs, without consideration for the impact of such changes on shortages of nurses. The result of this type of intervention in Canada is that the HHR situation across the country remains undefined (Murphy, Birch, MacKenzie, Alder, Lethbridge & Little, 2012).

According to Brown, McHardy, McNabb and Taylor (2011), employee personal attributes, such as gender, education, occupation, and age, influence absenteeism from work. Those who have jobs that are in high demand in the market, such as medical and nursing skills, use this opportunity to make extra income by working as private health care providers as well as public health care providers (nurses and doctors) holding two jobs at the same time. These categories of employees are very discreet about where and when to discharge their public duties (Belita, Mbindyo & English, 2013).

Absenteeism is also viewed as the decision not to attend to work when one is supposed to be on duty. Absenteeism from the workplace can be physical or psychological during the time which an employee is scheduled to be at the workplace. Health care providers are guided by certain ethical codes of conduct regarding the manner in which they should behave or how they ought to provide services to the communities they serve. These health care providers are guided by social ethics on how they should treat clients in the workplace and how they should monitor them in the community as individuals and groups (Richardson, 2014).

1.2 Problem statement

Absenteeism of nurses seems to be a major challenge in health care facilities worldwide (Maluleke, Thopola & Lekhuleni, 2014). Absenteeism has an impact on the economy of an

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organization as it is costly, obstructs production, and interferes with the efficiency of work (Abeer & Nahed, 2018). One major reason for continued absenteeism amongst nurses is the burnout syndrome. Facilities that have conducive work environments report low levels of burnout, retention of highly qualified staff, and high job satisfaction (Erin, Woodhead, Northrop & Edelstein, 2014). In a study conducted in Brazil, 7.69% of the respondents opined that burnout syndrome was the major reason for absenteeism. Psychological aspects and job satisfaction accounted for 5.13% of absenteeism cases, whereas relationships among staff members, bullying, work environment, fatigue, and conflicts with patients accounted for 2.56% of such instances (Erin et al., 2014). Globally, about 7% of nursing staff are reported to be absent at least one day in each week. Unscheduled visits to health facilities to determine the cases of absenteeism reported that the rates were considerably high: in Uganda it was 37%, Bangladesh 35%, Kenya 25%, and India 40%. It has been estimated that nurses are absent 7.2% of the time (11.8 days per year), compared to 4.8% of the time (6.7 days per year) for other workers (Kisakye, Tweheyo, Ssengooba, Pariyo, Rutebemberwa, & Kiwanuka, 2016). Nurses suffering from burnout become emotionally exhausted, depersonalized, stressed out in their jobs, exhibit high incidences of medical errors, poor job performance, and increased absenteeism (Abeer & Nahed, 2018). It has been reported globally that the rate of burnout among nurses ranges from 15-85%, depending on working conditions (Kim, 2018).

In the study setting, a facility for intellectually disabled persons, most wards have about 20-24 persons per unit. Acute wards typically have five nursing personnel: three professional nurses, one enrolled nurse and an enrolled nursing auxiliary. Long term wards typically have four nursing personnel: one professional nurse, one enrolled nurse, and two enrolled auxiliary nurses. It has been reported in this facility that there have been a number of instances where only one nurse reports on duty while the other three report sick. Of the four nurses placed in a

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long-term ward in the facility, there was a monthly absenteeism rate of 50% to 75%. Besides the normal annual leave, weekly leave requests contributed substantially to absence from work in 2017. According to the Human Resources Department of the study facility, in 2017, absenteeism rates due to sickness of nurses range from 6-7% in the acute unit, 4-6% in the psycho-rehabilitation unit, 6-8% in the forensic unit, 6-8% in the long-term unit with challenging behaviour, and 8-9% in the frail care unit. In long-term wards, nurses take three to five sick leave days per month.

During the period May to August 2017, in one ward, it was reported that there would often be only one of four nurses on duty; the others would report in as sick or with personal problems. This would affect the quality of nursing care, as nurses would be shifted from one unit to another to cover the work. It has also been reported that there had been days in the year prior to the study when there were no professional nurses on duty; consequently, enrolled nurses would perform extra duties, often outside their scope of practice.

1.3 Research aim

The aim of this study was to describe the nurses' self-reported reasons for absenteeism from work at a state facility for intellectually disabled persons in the Western Cape.

1.4 Research objectives

The research objectives were as follows:

1.4.1 To describe safety and security reasons that lead to nurse absenteeism.

1.4.2 To describe physical conditions that contribute to absenteeism of nurses in the workplace.

1.4.3 To describe work relations that contribute to absenteeism of nurses in the workplace.

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1.4.4 To describe other work-related problems such as training issues for nurses, progression of nurses, workload, nature of work, salary issues and management problems that cause nurses to absent themselves from the workplace.

1.5 Significance of the study

An excellent record of employee attendance at work, productivity, good service delivery, and organizational commitment, is a critical component of human resource performance (Singh, Chetty & Karodia, 2016). As a result of high rates of absenteeism, the human resources profession has mainly focused on the management of absenteeism. The ability of nursing staff to deliver efficient services to patients is inhibited by the employees who do not present themselves for duty.

The study findings may be used to inform the health care management of the facility and other provincial facilities. An understanding of the reason for absenteeism may assist in planning, support and management of nurses' working conditions.

1.6 Research Methodology

1.6.1 Approach

The study employed a quantitative research approach using a self-report questionnaire, which investigated perceptions of nursing staff working with intellectually disabled persons on reasons for absenteeism in a facility for intellectually disabled persons in the Western Cape. Quantitative research is a systematic and rigorous process of collecting and analysing numerical data using different types of statistical analysis (Grove, Gray & Burns, 2015).

1.6.2 Research Design

A quantitative descriptive survey design was used in this study to investigate the perceptions of nursing staff working with intellectually disabled in-patients on reasons for absenteeism in a facility for intellectually disabled persons the Western Cape. Grove, et al. (2015) describe a

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survey as a process used to obtain precise and complete information about a phenomenon in a situation or real life without any form of manipulation by the researcher. This method of data collection was chosen for this study as it has the advantage of reaching a large sample in limited time and allows participants to provide information through their response to questions without the researcher's interference (Check & Schutt, 2012).

1.6.3 Research setting

The study was conducted in a care facility for persons with intellectual disability in the Western Cape. This facility was selected as absenteeism had been reported as a problem, but no published investigation had been reported.

1.7 Ethical considerations

In this study, the researcher considered all the principles of ethics with regards to research (Brink, Van der Walt & Van Rensburg, 2012). The study was approved by the ethics committee of the University of the Western Cape. The researcher explained the study and their rights to the participants. The researcher obtained the consent of the following entities: the University of the Western Cape Higher Degrees Committee (Appendix A); the Western Cape Department of Health (Appendix B); the management of the intellectual disability facility in the Western Cape (Appendix C); and the participants. The principle of respect refers to the right of self-determination, according to Brink et al. (2012); therefore, the participation was voluntary. Each nurse included in the study had the right to accept or refuse to participate and at any time, he/she had the right to withdraw from the study without any consequences. The well-being of the participant was considered according to the principle of beneficence that emphasizes the right of protection from any harm or emotional discomfort (Brink et al., 2012).

The names of the facility for persons with intellectual disability and nursing staff involved in the research study were protected throughout the study. Also, in the process of the

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dissemination of the study's results, anonymity, privacy, and confidentiality were ensured. After the above explanation to each participant, the researcher distributed the consent forms that each one signed freely. The participants were assured that the information would be accessible only to the researcher and the supervisor. The participants were informed that all the documents received that contained research information would be kept in a locked cabinet in the researcher's office. The software data was protected by a password. All the software data and the documents will be destroyed after five years.

1.8 Summary

In this chapter, the overview of the study has been provided. The thesis is divided into five chapters. In chapter two an overview of the literature is presented. Chapter three presents the methodology, data collection and analysis. Chapter four presents the results of the study and chapter five discusses the results, recommendations and conclusion.

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Chapter 2

Review of the Literature

2.1 Introduction

This chapter reviews the literature on absenteeism, with a special focus on nurses. This review outlines the various types of absenteeism and provides information about possible causes of nurse absenteeism, such as leadership, disengagement, occupational stress, work environment, level of education, and personal problems; it also examines the implications, interventions, and procedures around absenteeism.

Absenteeism is defined as the lack of an employee's presence in the workplace; the absence of an employee at the workplace where he/she was supposed to be constitutes absenteeism (Ndhlovu, 2012). The workplace refers to the place provided by the facility at which the workers perform their duties. According to Forbes (2013), absenteeism is an employee's intentional or habitual absence from work. While employers expect workers to miss a certain number of workdays each year, excessive absence can equate to decreased productivity and can have a major effect on company finances, morale, and other factors. In this study, absenteeism refers to an unauthorized leave by an individual who intends to return to work. In study conducted in Canada with a sample of 215 nurses, Gaudine and Gregory (2010) reported that 51.1% (110) underestimated their absent days from the work environment.

A nurse is an individual who is trained to care for sick people of all ages, groups, communities, and families; nursing responsibilities and objectives include prevention of illness, promotion of health, caring for the ill, adherence to health policies, and caring for dying and disabled people. Nursing also encompasses promotion of safe environments for patients, advocacy on patients' and provision of health education to the patients (SANC, 2015). Furthermore, a nurse has been defined as an individual who has successfully completed a nursing education programme approved by a nursing council, passed examinations recognised by a nursing

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council, and met the values, morals, and ethics of a nursing board. This particular individual is then regarded as being licensed to do the job (Currie & Carr-Hill, 2013).

Absenteeism is usually justified by a medical certificate, although it is mostly due to a lack of interest and poor satisfaction while on duty (Cucchiella, Gastaldi & Ranieri, 2014). Gangai (2014) perceives absenteeism as a public problem in all organisations. According to Gangai (2014), absenteeism can be unintentional, especially when it involves serious injuries or sickness, but it becomes unnecessary when a nurse stays at home for minor symptoms.

According to the Labour Guide (2016), the meaning of absenteeism is not only confined to the complete absence of employees from the workplace; absenteeism also happens when an employee is at work but not at his/her duty station; the nurse is at work but does not involve herself/himself in nursing activities at all. A nurse can also be considered to be absent in the following cases: when they do not engage in delegated roles during working hours; when they take extended tea or lunch breaks; when they arrive late for work; when they leave the workplace early; when they attend to personal matters during working hours; and when they take extended, frequent toilet and other unexcused breaks.

Absenteeism may have direct and indirect costs to the organisation. The direct costs of sickness-related absenteeism to the organisation include permitted sick pay, and expenditure to cover absence with temporary staff, which results in lost production; on the other hand, the indirect costs include low staff morale, due to covering for those that are absent, and poor patient satisfaction, which often affects the reputation of an organisation. When the nurses are absent from the workplace, interruption of the workflow and decline in patient care occur, both of which are signs of a dysfunctional workplace, which may lead to incidents such as injuries and accidents. In this situation, the occupational health and safety professionals and management should work together to tackle these issues (Gangai, 2014).

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Nurses with an absenteeism rate of 20 days per annum or more have attributed their absence to physical demands on the job, low morale due to lack of support, lack of respect and recognition from managers, work overload, high job tension, and low control over practice (Marga, 2010). Wang and Gupta (2014) have argued that sickness is the major cause of nurse absenteeism. Higher absenteeism rates among nurses are also associated with demographic characteristics such as older age, lower income, auxiliary nurses, full-time employees, among others (Baydoun, Dumit & Daouk Öyry, 2016). Female nurses have been reported to be absent more than their male counterparts, mainly for unexplained reasons. This is associated with the different roles males and females play in society (Drakopoulos & Grimani, 2013).

In South Africa, a study conducted by Mudaly and Nkosi (2015) reported that absenteeism in nursing practice is influenced by many factors such as the age of a nurse, the transport system, long working hours, staff shortages, lack of equipment, increased workloads, patient acuity, and unsatisfactory working conditions, such low levels of education, resulting from failure to send nurses for further studies to enhance professional development. In addition, family matters, financial problems, and illness play a role in absenteeism (Belita, Mbindyo & English, 2013). A lack of motivation at work, any type of unfair promotions, and favouritism in the selection of nurses for training, contribute to increased absenteeism. Unfriendly nurse managers and lack of a reward system may cause absenteeism (Arasli, Arici & Çakmakoğlu, 2019).

2.2 Types of absenteeism

According to Buschak, Craven and Ledman (1996), absenteeism can be sub-divided into two categories: involuntary (with permission) and voluntary (without permission). Involuntary absence happens when there is a crisis, to which the employee has no choice but to attend to,

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such as the death of a family member or personal illness. According to Ndhlovu (2015), voluntary absenteeism occurs when an employee takes a conscious unilateral decision, while involuntary absenteeism is beyond the individual's control. Belita et al. (2013) noted different types of absenteeism: sickness absence, which occurs when an employee is not feeling well, and informs the management telephonically; this is usually accompanied by a medical certificate. Authorized absence, which is requested in advance, or could happen at the spur of the moment, depending on the problem of an individual. Unexcused absence is whereby an employee does not report on duty and does not inform the management.

Nauta and Sanders (2004) identify various categories of absenteeism, namely white, grey, and black absenteeism. White absenteeism indicates that an employee is really sick (e.g., limb fracture or diagnosable illness). However, when the illness that leads to absenteeism is psychological, such as the case of fatigue or headache, this is referred to as grey absenteeism (Yildiz, Yıldız, Zehir & Aykaç, 2015). If an employee is not sick, but fails to report to work citing illness, the scenario is referred to as black absenteeism, also known as illegal absenteeism (Castle & Ferguson-Rome, 2014).

2.3 Prevalence of absenteeism in nursing

An Asian study conducted by Luan, (2018), found that, during a period of 12 months, about 48.6% of nurses were absent from the workplace. The average figure for absentia was 24.7 days (SD ± 52.8 days), while the median was only five days. The reasons for their absence were varied: their own families (e.g. family work, maternity leave) (90.1% of nurses); short-term illness (8.6%); and workplace conditions (6.5%) (Luan & Khue, 2018). In the United States, it was reported that one in three nurses had burnout symptoms which led to poor work performance. One in six reported cases of absenteeism was due to personal illness. Although

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there is no statistically significant relationship between burnout and absenteeism, work-related stressors contributed a lot to nurse burnout and absenteeism (Dyrbye, Shanafelt, Johnson, Johnson, Satele & West, 2019).

In South Africa, the point prevalence of current lower back pain (LBP) in nurses was 59%. The highest prevalence was recorded among enrolled nurses (54%), respondents aged 30–39 (46%), overweight respondents (58%), and those working in obstetrics and gynaecology (49%). Bending ($p = 0.002$), prolonged position ($p = 0.03$), and transferring patients ($p = 0.004$) were strongly associated with LBP. Nurses with more than 20 years in the profession reported a high prevalence of LBP. The prevalence of LBP was higher among the participants who were on six-month rotations (76%) compared with those on yearly rotation (16%) (Dlungwane, Voce, & Knight, 2018).

The participants' responses in a study by Leblebici (2012) revealed that effective workplace design is important to increase employees' productivity and reduce absenteeism. Another study, conducted by Widanarko, Legg, Stevenson, Devereux, Eng, Cheng, and Pearce, (2012) assessed musculoskeletal disorder (MSD) symptoms and consequences with a recall period of 12 months, and obtained information on physical exposure such as awkward posture, repetitive movements, and lifting and carrying heavy objects. A 9% prevalence of absenteeism was recorded for health service workers in various European countries and 14% prevalence in laundry and cleaning workers, due to MSD. Between one and three sick leave days have been taken in Haiphong, Vietnam (Luan & Khue, 2018). Sick leave and absenteeism have been reported to be at increased levels among public service employees in the United Kingdom. There are strong indications that processes of restructuring have led to an increasing number of professionals expressing a desire to resign from their jobs due to intensified work demands (de Ruyter, Kirkpatrick, Hoque, Lonsdale & Malan, 2008). Similarly, in South Africa, the restructuring of public health care services to prepare for the

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roll out of the National Healthcare Insurance and the re-engineering of primary healthcare, in the midst of severe shortage of personnel, has led to increased work overload (Liu, Wang, Wong & Wang, 2011).

2.4 Nurse absenteeism in International context

In a study conducted in Sweden, it was noted that violence and bullying from the visitors, mostly patients' families, and patients themselves, had an impact on nurses' absenteeism. In Finland, it was reported that, due to lack of support and teamwork among nurses, there was a high rate of absenteeism arising out of resultant workplace distress (McQuide, Kolehmainen-Aitken & Forster, 2013).

In the USA, it was reported that nurses who feel socially excluded, a form of bullying, tend to be absent because they cannot take bullying and violence from their fellow colleagues (Human Resources for Health, 2013). One of the major causes of absenteeism is musculoskeletal disorders (e.g., lower back injuries) associated with lifting the patients, especially those that are physically and mentally disabled, or those that may be too sick to assist themselves (Tinubu, Mbada, Oyeyemi & Fabunmi, 2010). In the USA Jafar, Jalal, Hajibabaee, Farahaninia, Joolaee & Hosseini (2014) found that nurses in jobs with greater physical demands are significantly more likely to be absent than those in other jobs.

In Canada, the Saskatchewan Registered Nurses Association (SRNA) was established in 2001 to address the challenges faced by nurses, workplace conflicts, the improvement of working conditions in hospitals, and the construction of therapeutic and supportive environments for nurses to reduce absenteeism (Urban & Wagner, 2013).

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2.5 Nurse absenteeism in selected African Low-middle income countries (LMICs)

2.5.1 Uganda

Absenteeism is not only disruptive to proper work schedules, efficiency and output; it is costly to organizations and the economy as a whole, and also increases complications, disability and death from otherwise manageable conditions (Nyamweya, Yekka, Mubutu, Kasozi & Muhindo, 2017). According to Wananda, Byansi, Govule, Katongole, Wampande & Anguyo (2015), the Ugandan nurse absenteeism monitoring unit reports that one-third of the country's nurses is often absent, making nurse absenteeism a major source of financial waste in Uganda's health sector. The absenteeism of nurses in Uganda in 2015 cost the state $592,000 per annum.

The poor attitude of health workers towards clients affects the provision of services. Leadership and management of human resources are also weak at all levels. Overall absenteeism at the health centres in Uganda has been recognized as a major threat to the national health care system, just like in any other developing country with a low staff to patient ratio. In a study conducted in Bushenyi district, Kabushaho hospital (Uganda), one of the areas reported to have an alarming nurse absenteeism, shows that factors affecting absenteeism are not fully understood and documented to guide managers for appropriate action (Nyamweya et al., 2017). According to the health workers, absenteeism in Bushenyi District stands at 47.9%; this affects all the health facilities in the district. In Bushenyi, nurses are often reported to disciplinary committees for absenteeism, with many cases remaining unreported and undocumented. Although the perpetrators have appeared before disciplinary committees, staff absenteeism has continued to escalate in the district resulting in work overload, fatigue, and low morale among the few staff in station; this in turn reduces effectiveness in the quality of service delivery. Quality health care service delivery needs highly motivated and available staff in workstations, and this continues to be elusive in Bushenyi district due to this continued threat of absenteeism (Nyamweya et al., 2017).

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Tweheyo, Reed and Campbell (2018) reported that nurse absenteeism in Kampala hospital (Uganda) has overwhelming negative impacts on the health workforce, welfare processes, and institutional outcomes on quality of care, patient safety, and continuity of care. Nurses in a Kampala hospital have complained about work overload, stress and anger to both absentee workers and patients. Nurse absenteeism in this regard has tended to be a primary stressor to co-workers, generating emotional stress amongst other negative reactions (Tweheyo et al., 2018).

2.5.2 Nigeria

Nigeria is perceived to have the second highest rate of absenteeism among nurses globally; accordingly, the country's authorities have made it a priority to address the issue (Onwujekwe et al., 2019). In a study that was conducted in Enugu state it was stated that 7% of nurses were reported to be absent from the workplace each week (Oche, Oladigbolu, Ango, Okafoagu, & Ango, 2018). Nurses are an integral part of a well-organized health care delivery system; therefore, workplace absence results in a burden for employers, workers remaining on duty, and society at large (Oche et al., 2018).

Lower back pain is considered to be one of the common causes of absenteeism among nurses in the country. In study it was reported that out of 150 participants 79.3% suffered from chronic lower back pain. These nurses work in surgical wards, ICUs and frail care units (El-Soud, El-Najjar, El-Fattah & Hassan, 2014). The Nigerian Labour Act permits employees 12 days sick leave, six days annual leave and 12 weeks maternity leave. Although an employer assumes workers would miss a certain number of days annually, extreme absence may result in major problems and reduced efficiency in the health system (Lar, Ogbeyi, & Wudiri, 2018).

Stress among nurses in Nigeria is another aspect highlighted by researchers. There is an awareness that stress has a huge impact on functioning and physical health of a human being. Stress is perceived as the state of emotional pressure subsequent to challenging environments

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(Mann, Bryant, Johnstone, Ivey & Sayers, 2016). According to Ayon (2014), constant tension and strain in the nurses' work environments have been confirmed to influence the health and welfare of the nurses. Stress symptoms occur in the form of headaches, hypertension, and digestive disorders (Ayon, 2014).

2.5.3 Democratic Republic of Congo

The Democratic Republic of Congo's (DRC's) health economic system is extremely poor, with low government investments, dependence on the donations of health care users, and poor management, among donors. Donors hope to improve health worker motivation and service delivery performance (Fox, Witter, Wylde, Mafuta & Lievens, 2013). There is a crucial necessity for improved investments nationally and organization of methods of contribution within government strategies and structures (Fox et al., 2013). Malaria, a critical health issue in the DRC and surrounding countries, has been reported to contribute severely to absenteeism from the workplace; up to 60% outpatient cases and 30% hospital admissions in the DRC are attributed to the disease (Goshe & Mathew, 2015).

2.5.4 Egypt

According to Al-Sharif, Kassem & Shokry (2017), absenteeism among nurses in Egyptian hospitals is caused by lack of monitoring, poor regulation of absenteeism, and workplace factors. Nurses reported that work issues and personal problems contribute to their absenteeism (Al-Sharif et al., 2017). Egypt is reported to have high levels of burnout syndrome among nurses due to excessive absenteeism, personal conflicts, decreased productivity, unhappiness at work, staff turnover, lack of commitment in the organisation, and ineffectiveness at work. Another aspect that causes burnout syndrome among nurses is their involvement in their patients' physical, socio-economic and psychological problems; work-related burnout is perceived as a serious problem mainly with nurses. Due to burnout, there are high rates of substance abuse, exhaustion, and illnesses such as depression and anxiety (Abdo, El-Sallamy,

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El-Sherbiny & Kabbash, 2016). Lack of overtime payment and failure to address recurring absenteeism were reported to increase the workload among nurses (Alharbi et al., 2018).

2.6 Nurse absenteeism in the South African context

In the history of South African nursing, race, class, and gender feature heavily and have been the causes of major disputes in the profession. South African nursing was formerly dominated by Whites, but, as time went on, it became accessible to a few educated African women (Blaauw, Ditlopo & Rispel, 2014). Cecilia Makiwane became the first black female registered nurse in 1918; at around the same time, Ella Ruth Gow, the first coloured nurse, also joined the profession (Lees, 2015). During that period, nurses were not allowed to ask questions; they functioned in a perpetual state of subordination. This structural predisposition remains deeply rooted in the psyche of contemporary South African nurses, especially those that were trained in the 20th century. This model was based on control, command, and authority, which propagated and perpetuated fear amongst the nurses. As a result of their apprehensive posture, some nurses are hesitant to report errors or incidents (Hashemi, Nasrabadi & Asghari, 2012).

South African nursing is regulated by the South African Nursing Council (SANC), which is a legislative body responsible for setting standards of nursing practice and education in the Republic of South Africa, in conjunction with the Nursing Act (Act No. 33 of 2005). In 1994, the government of South Africa organised all structures of private and public health care delivery at local, district, provincial, and national level, and assumed responsibility for the general health of the people of South Africa (African National Congress [ANC], 1994). In South Africa, about 3,000 nursing students enter the nursing profession annually; the 2011 Department of Health (DOH) report proposed an initiative to increase nursing student intake to 13,272, from 2012, in order to meet the health care needs of the 48,787 million people of South Africa. This initiative was aimed at addressing nurse shortages, which would logically

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translate into high rates of absenteeism (Jooste & Jasper, 2012). Despite this initiative, however, absenteeism remains a prevalent occurrence in South Africa (Mudaly & Nkosi, 2015).

In health care settings whereby nurses work longer hours and night shifts, the possibility of cases of fatigue arising is high. In South Africa, recent studies have revealed that nurse absenteeism is associated with job stress, commitment to the organisation, and satisfaction on the job, which in turn contribute to sickness absence (Roelen et al., 2013).

Nyathi and Jooste (2008) conducted a study in the Limpopo Province of South Africa to describe the working conditions that contribute to absenteeism among the professional and sub-professional nurses at a provincial hospital. They reported that managerial and personal characteristics, and organisational and working conditions may cause absenteeism in the workplace. Working conditions included inadequate delegation of autonomy and inadequate group cohesion, ambiguous roles, ineffective routinisation, and workload. Transport accessibility is another common cause that can lead to absenteeism because public transport tends to be unreliable on weekends, holidays and rainy days. Nursing staff living far from the workplace are victims of these transport irregularities (Johnson, 2007). Another contributing factor to absenteeism among nursing staff is low salary scales especially in low-income countries; this promotes moonlighting amongst the nurses, thereby resulting in increased levels of absenteeism due to fatigue (Belita et al., 2013).

2.7 Nurse absenteeism at facilities for disabled patients

Nurses working with patients with disabilities experience stress and burnout because disabled patients depend solely on nurses for coping with activities of their daily living. These patients mostly suffer from physical problems such as constipation, epilepsy, respiratory disorders that

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result in pneumonia, feeding difficulties, and contractures of limbs that require specific lifting and positioning (van der Linde et al., 2014). The level of functioning of patients plays a huge role in causing burnout and stress in nurses caring for them as it is not always possible to involve them in activities. Stress has a negative influence on the physical health and psychological well-being of nursing staff working in facilities for intellectually disabled patients. The consequences for the organisation are high absenteeism and personnel turnover, which in turn may affect the quality of patient care (Conradie, Erwee, Serfontein, Visser, Calitz & Joubert, 2017).

Intellectually disabled patients may be emotionally unstable, irritable, highly aggressive, abnormally active, and characterised by self-injurious and stereotypic motor behaviours. These challenging factors may directly affect the mental health of the nurses who care for them. Intellectually disabled patients require a caring relationship that enables an enhanced conscious awareness of life and health experiences. This relationship involves trustworthiness and genuine concern and action geared towards meeting the needs of patients (Simelane, 2015).

2.8 Legal aspects relating to employment and absenteeism in South Africa

2.8.1 Leave policy in South Africa

There are several Acts that govern the employment and working conditions of nurses in South Africa. For the purpose of this study, attention will be paid to the following Acts, which deal with the nurses' leave matters: the Basic Conditions of Employment Amendment Act No. 11 of 2002; the Nursing Act No. 33 of 2005; and the National Labour Law Act 108 of 1996 (Department of Health [DOH]).

2.8.2 The South African Nursing Council (SANC)

The South African Nursing Council (SANC) was established by section 2 of the Nursing Act (Act no. 33 of 2005) and continues to exist as a juristic organisation. SANC is the regulating

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body responsible for setting standards of practice and education for nurse practitioners in South Africa and some of its vital roles are as follows: enforcing standards of nursing practice; public protection through the investigation of complaints against nurse practitioners; and the support and assistance of professional members. The vision of SANC is stated as "excellence in professionalism and advocacy for the health care users", whereas the mission statement is "to serve and protect health care users by regulating the nursing profession" (Mabuda, 2017). The SANC, as a registering authority for nurse practitioners, informs nursing practice through legal frameworks and the code of conduct for nurse practitioners by receiving its authority from legislation. The overall role of SANC as the profession's regulatory body is "the oversight, monitoring and control of nurses on the basis of principles, guidelines and regulations deemed important by the profession" (SANC, 2006, p. 34). The objectives of SANC as stated in the Nursing Act, 2005 Act No. 33 of 2005 are:

> "to serve and protect the public in matters involving health services generally and nursing services in particular; perform its functions in the best interests of the public and in accordance with national health policy as determined by the Minister; promote the provision of nursing services to the inhabitants of the Republic that comply with universal norms and values; establish, improve, control conditions, standards and quality of nursing education and training within the ambit of this Act and any other applicable law; promote and maintain liaison and communication with all stakeholders regarding nursing standards, and in particular standards of nursing education and training and professional conduct and practice in and outside the Republic; advice the Minister on the amendment or adaptation of this Act regarding matters pertaining to nursing; be transparent and accountable to the public in achieving its objectives and in performing its functions; uphold and

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maintain professional and ethical standards within nursing" (Nursing Act No. 33 of 2005).

The Council investigates and takes disciplinary steps against any member of the profession for unprofessional conduct in terms of Sections 46 and 47 of the Nursing Act and also takes into account other regulations such as the Scope of Practice 19 (R2598 of 1984a), Government Gazette (GG) R2488 of 1990, which is the regulation that stipulates the conditions under which midwives should practice, and Acts or Omissions (R387 of 1985), which are disciplinary measures pertaining to the nurses acts and omissions. Section 46 of the act deals with the procedure of inquiry by Council into charges of unprofessional conduct and Section 47 outlines the types of penalties to be applied when a registered person is found guilty (SANC, 2005).

2.8.3 Basic Conditions of Employment Act 75 of 1997

The Basic Conditions of Employment Acts (Act 75 of 1997 and Act 77 of 1997) (hereafter referred to as BCEA) give effect to the right to fair labour practices referred to in section 23(1) of the Constitution: they establish and make provision for the regulation of basic conditions of employment, thereby ensuring compliance with the obligations of the Republic as a member state of the International Labour Organization; and provide for matters connected therewith. Chapter 3 of this Act deals with the various types of leaves such as Annual leave, Sick leave, Maternity leave, and Family Responsibility Leave. This Act informs employees on how to manage their leave effectively as mismanagement of leave may contribute to absenteeism.

2.8.4 Labour Relations Act (Act 66 of 1995)

The Labour Relations Act (LRA) aims to promote economic development, social justice, labour peace, and democracy in the workplace. The LRA applies to all employers, workers, trade unions, and employers' organisations. The main purpose of the LRA is to promote orderly collective bargaining, collective bargaining of sectorial level, employee participation in decision making in the workplace, and the effective resolution of disputes (Rispel, Chirwa &

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Blaauw, 2014). Another purpose of the LRA is to allow employers to discipline employees for absenteeism. According to the LRA, "efforts should be made to correct employees' behaviour through a system of graduated disciplinary measures such as counselling and warnings" and "Dismissal should be reserved for cases of serious misconduct or repeated offences".

2.8.5 The Nursing Act (No. 33 of 2005)

Nursing is a regulated profession comprising a body of scientific knowledge and skills practiced by persons referred to by section 30 of the Act and registered in terms of Section 31 of the Act. The regulations, rules, and codes contained in the act provide the legal and ethical framework for the practice of nursing. The practice of nursing is a dynamic process that provides and maintains the care of individuals, groups and communities that are faced with potential health problems. Nursing is a dynamic process which promotes, supports and restores health status and assists the healthcare user to maintain basic activities of daily living. It requires judgment within a caring therapeutic relationship, informed by the context in which it is practiced. Nursing maintains continuity and co-ordination of health care and provides continuous support and care to the health care users, irrespective of their state of health and through all stages of life. Furthermore, nursing provides and maintains a safe and conducive environment for health care (Rispel et al., 2014). The Nursing Act states that if an employee requests leave from his/her employer, the employer has the right to refuse if the reason is not valid. If an employee decides to be absent after refusal, then it is a very serious offence, which could result in summary dismissal. The employee may then be charged with unauthorized absenteeism, gross insubordination, and refusal to obey reasonable and lawful instructions. Whatever the case, the employee must justify the absence, and, in addition, their story must be heard, and all the facts checked before disciplinary action or sanctions can be imposed on them.

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2.8.6 Acceptance of medical certificates

For purposes of normal sick leave, medical certificates issued and signed by the practitioners or persons who are registered with the following professional councils established by an Act of Parliament shall be accepted: the Health Professions Council of South Africa (HPCSA); the Allied Health Professions Council of South Africa (AHPCSA); and the (SANC). The registration details of service providers could be confirmed with the above-mentioned councils. A medical certificate must contain the following information: the name, address, and qualifications of the practitioner or person; the name of the patient, and the date and time of examination; whether the practitioner is issuing the certificate as a result of personal observations during an examination or as the result of information received from the patient, and which is based upon acceptable medical grounds; a description of the nature and extent of the illness or injury should be disclosed if the patient has given informed consent; and the exact period of recommended sick leave and the date of issue of the certificate of illness should be stated.

2.9 Reasons for absenteeism in nursing

2.9.1 Poor leadership

According to Amanchuku and Ololube (2015), leadership is the ability of an individual to change or influence the thinking of the members of an organization and the way they behave. The leader is regarded as critical to the organisation and is expected to have good management and leadership skills, to ensure that there is adequate staff and resources to provide quality care, and that there are constructive working relations among the nurses (Coetzee, Klopper, Ellis & Aiken, 2013). Leadership is categorised into two aspects - transformational and transactional leadership. Amanchuku, Stanley & Ololube (2015) described the transactional leader as an individual who focuses on work ethic and has interest in work being done. The transactional

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leader makes sure that the usual routine is followed, uses organizational policies to discipline the subordinates, and also rewards the staff for work done properly.

Leadership styles influence employee satisfaction in the health care sector due to the fact that is a service delivery orientated industry. Constructive and proper communication between management and employees is vital as it illustrates confidence that management has in their employees (Nazarian & Beheshtifar, 2016). The transformational leader includes employees in decision making and the process of change and encourages the foundation of unity and efficacy. This type of leadership encourages feelings of self-worth and confidence among employees. In this manner, employees are given responsibility, accountability, and authority for their tasks and that impacts positively on their work attendance. The transactional leader may just have an opposite effect on employees (Elshout, Scherp & Van der Feltz-Cornelis, 2013).

Job satisfaction has an inverse relationship with absenteeism, where high levels of job satisfaction correspond to very low rates of absenteeism, as people feel highly committed to their organisation. As a result, high levels of absenteeism occur when work satisfaction is very low (Enns, Currie & Wang, 2015). Leadership effectiveness is associated with fewer absent days and shorter sickness absences among nurses (Schreuder, Roelen, van Zweeden, Jongsma, van der Klink & Groothoff, 2011). In contrast, inexperienced leaders and supervisors contribute to employee stress, resulting in absenteeism of nurses in the workplace (Mudaly & Nkosi, 2015).

Poor leadership in nursing involves being inactive or avoidant and leads the figure in question to further being classified as an ineffective leader. These types of leaders become reactive rather than proactive when there is an issue to be addressed; furthermore, they avoid instructive expectations and performance objectives (Elshout et al., 2013). Such leaders can neither solve problems thoroughly nor face situations head on. Their response is witnessed when there are serious problems, which means they would rather do crisis management, which has adverse

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effects or consequences on nursing staff (Higgins, 2015). Furthermore, it has been reported that when nurses have good relationships with their managers, long-and short-term sicknesses and absences decrease (Tenhiälä et al., 2013).

2.9.2 Staff retention and turnover

In a study conducted in Malawi, Tanzania, and South Africa, intended to measure job satisfaction and intention for health workers to leave their jobs, South Africa was found to have the highest rate of impending attrition (workers who specified that they were actively looking for other jobs) (41.4%); the figures for Tanzania and Malawi were 18.1% and 26.5%, respectively (Rispel, Chirwa & Blaauw, 2014). Shortages of nurses require nurse managers to focus on the retention of nurses by engaging in fair leadership practices (Al-Hamdan, Nussera & Masa'deh, 2016).

2.9.3 Work relations

Job satisfaction results from the recognition of an employee by an employer for the work that is done well, which in turn gives pleasure to the person being praised (Lambrou, Kontodimopoulos & Niakas, 2010). Job satisfaction is mainly about how happy and satisfied an individual is about their job. It can be measured by opportunities to promote staff, rate of payment, work responsibilities, different tasks, and rating scales whereby employees express their opinions about their jobs. When there is a lack of satisfaction in the job, the quality of work deteriorates. Job satisfaction may be maintained by addressing several issues such as good salary, staff development programmes, appropriate workload, clinical support, professional leadership, professional respect, and quality assurance, including protection against injuries and diseases in the workplace (Asegid, Belachew & Yimam, 2014). According to Bhui, Dinos, Stansfeld & White (2012), high stress levels in nursing are a major cause of dissatisfaction. Job satisfaction and organisational commitment are strongly related; employees who are strongly committed to the organization or highly satisfied with their job do not engage

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in absenteeism at work; the opposite is the case with employees characterised by low satisfaction and commitment levels (Elshout et al., 2013).

2.9.4 Workload and Occupational stress

Nursing is perceived to be amongst the most stressful of jobs because nurses are responsible for the health of others (Rosenthal & Alter, 2012). Stress is known to result in poor production by individuals, for it causes physical and psychological complications amongst the latter. Job stress may have serious side effects such as fatigue, high blood pressure, bad behaviour, anxiety and low self-confidence, discouragement, isolation from patients, and depression (Najimi, Goudarzi, & Sharifirad, 2012). Female nurses are known to suffer from shoulder and neck pains, and sleep disturbances when stressed. According to Krantz, Berntsson & Lundberg (2005), stress symptoms are higher in women than men due to the addition of their household responsibilities (Fang, Fang & Fang, 2016). Nursing is perceived as the most high-risk profession for the development of low back pain due to lifting and bending (Cilliers & Maart, 2013).

Fagerström and Vainikainen (2014) claim that absenteeism results from workload issues where there is a link between work requirements and its physical effects. Workloads can be physical, perceptual, subjective, social, and hierarchical (Fagerström & Vainikainen, 2014), and where nurses work long hours, exerting physical effort and/or in uncomfortable positions, absence rates are high (Duclay, Hardouin, Sebille & Moret, 2015).

In settings where job demands are high and role conflicts are prevalent, physical and mental fatigue related sickness and absence will also be high (Roelen et al., 2015). Mudaly and Nkosi (2015) also note that work practices, such as moving nurses to cover shortages in other wards, lead to psychological unrest and contribute to absenteeism. In the USA, Jalal et al. (2014) found that nurses in jobs with greater physical demands are significantly more likely to be absent than those in other jobs.

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2.9.5 Safety in the work environment

A conducive work environment comprises structural features that facilitate proficient nursing practice. Beneficial environments come with organized strategies, procedures, and structures that ensure nurses are actively involved and respected for their opinions and contributions; they also ensure nursing fundamentals for quality maintenance are highlighted (Coetzee et al., 2013). Nurses are essential employees in the health services. Due to the nature of their work, they tend to be exposed to different health risks, including contracting infectious diseases at their work places, an occurrence which can have a negative impact on productivity, patient safety, work efficiency, and the quality of patient care.

An incidence of disease in a community may result in a high rate of absenteeism as the mothers of the young children affected may have to stay at home to take care of them. Unexpected staff shortages among nursing staff, due to either fear, sickness or other causes, may threaten the service delivery of a health care system (Ip, Lau, Tam, So, Cowling & Kwok, 2015. In a study conducted in Sweden, it was noted that violence and bullying from the visitors, mostly patients' families, and patients themselves, had an impact on nurses' absenteeism. In Finland, it was reported that due to lack of support and teamwork among nurses, there was a high rate of absenteeism arising out of resultant workplace distress (McQuide, Kolehmainen-Aitken & Forster, 2013).

In the USA, it was reported that nurses who feel socially excluded, a form of bullying, tend to be absent because they cannot take bullying and violence from their fellow colleagues (Rispel et al., 2013). One of the major causes of absenteeism is musculoskeletal disorders (e.g., lower back injuries) associated with lifting the patients, especially those that are physically and mentally disabled, or those that may be too sick to assist themselves (Tinubu et al., 2010).

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2.9.6 Level of education

According to Alharbi et al. (2018), insufficient knowledge and a lack of practical skills about certain procedures in nursing has had an effect on absenteeism. Furthermore, contend Alreshidi and Garcia (2019), absenteeism could be an indication of managerial issues, such as low employee morale, which may be the result of failing to avail opportunities for further studies to nurses. In contrast, Restrepo and Salgado (2013) have argued that people with lower levels of education are less likely to be absent compared to those with a college education, as are individuals working in smaller rather than larger companies.

2.9.7 Physical problems

Good health has a direct relationship with attendance, while bad health has an inverse relationship with work attendance (Boamah & Laschinger, 2015; Krane, et al., 2014). Musculoskeletal problems are a key condition cited by nurses for periods of absenteeism. This is due to the lifting and bending required in their everyday work as these mechanical movements are inclined to cause greater risk of injury (Baydoun et al., 2016; Murray et al., 2013). Apart from physical health, mental health plays a prominent role in absenteeism rates with psychological disorders (fatigue of stress) having been noted to be common at times of great vitality in health care (Boamah & Laschinger, 2015).

2.9.8 Personal problems

Age is one of the demographic factors that contribute to absenteeism (Murray et al., 2013). Absenteeism is more prevalent in the younger age groups; accordingly, this demographic should be targeted when procedures to counter absenteeism are put into place (Krane et al., 2014). Work and family life balance also pose challenges to work attendance rates with childcare and caring for an elderly parent or sick relative/child noted to contribute to absence from work (Baydoun et al., 2016). Haar, Russo, Suñe & Ollier-Malaterre (2014) contend that the situation is relative and argue that "more time at work and less time at home" might create

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balance for one person, whereas "more time at home and less time at work" might create balance for another person.

In a study conducted by Nyamweya, Yekka, Mubutu, Kasozi & Muhindo (2017) it was reported that gender is another reason for absenteeism. The nursing profession has been dominated by females and in nature they are more socially bound with family responsibilities and regularly experience physiological changes which lead them to be more absent than male nurses.

Muller (2013) found that there is a relationship between absenteeism and age of dependants of nurses; those with small children between ages 0-6 years reported higher rates of absence than those with older children or with no children. In most countries, women take more sick days than men due to taking care of their children (Muller, 2013). Nurses with children are more likely to be absent than those without children as they have to care for their children while sick (Wananda, et al., 2015).

2. 10 Consequences of absenteeism in nursing

Absenteeism in nursing leads to high costs for organizations, and shortage of nurses that becomes a daily problem for health care administrators. Some of the consequences of absenteeism include that it impedes the functioning of organizations, leads to high costs, and has negative effects on nurse satisfaction and quality of patient care. Absenteeism is considered to be one of the major causes of poor productivity and time wastage faced by health care sectors worldwide. The workforce is the most important resource of any healthcare organization and has a strong impact on its overall performance. Nurses, as the backbone of health care organizations and their attendance behaviour can seriously affect quality of care outcomes, such as the rate of medical errors, in addition to financial outcomes. The very nature of the health care facility, including its operational approach and physical design, also plays a part in

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explaining absenteeism (Abeer & Nahed, 2018). Hospitals in South Africa lose millions of rand annually in decreased efficiency and benefit payments. An older Canadian study found that workplace injuries as a result of poor ergonomics comprised the majority of time loss claims (Qhomane-Mhlanga, 2005).

2.11 The implications of nurse absenteeism on organisations and nursing profession

Nurse absenteeism results in poor service standards of patient care and is costly to the organisation (Zboril-Benson, 2016). A study conducted in France reported that nurse absenteeism has a huge impact on patient satisfaction, and that the managers have a responsibility to reduce staff absenteeism to avoid work overload in the workplace (Duclay, et al., 2014). According to Mbombi, Mothiba, Malema and Malatji (2018), the universal shortage of nurses highlights the importance of understanding the impact and dynamics of absenteeism on relationships amongst nurses themselves in health care organisations. Although there are various factors that explain absenteeism, measures need to be taken to reduce the occupational and psychological effects on nurses remaining on duty.

Absenteeism is a worldwide problem that costs countries billions of dollars per year, despite measures and strategies having been taken to decrease it. Walker and Bamford (2011), which states the factors contributing to nurses being absent from work. The impact of absenteeism by workers in European healthcare systems has been that of poor patient care satisfaction, and increased loss of billions of dollars in the health institutions (Ducklay et al., 2014). In South Africa, absenteeism among nurses is one of the factors that cause job dissatisfaction, inevitable increased workload, and nurse turnover (Hlomela, 2013). The aforementioned authors confirm that absenteeism has an effect on nurses remaining on duty and healthcare facilities. Mudaly and Nkosi (2013) and Baydoun et al. (2016) indicated that increased absenteeism of nurses

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affects the costs and quality of the health service delivery, staffing of nurses through increased nursing staff shortage, and also the productivity of the health institution.

Nurses absent themselves from work because of personal, professional, and organisational conditions, and the effect of absenteeism on nurses remaining on duty includes work-related stress (Mudaly & Nkosi, 2013). According to Gaudine (2010), some of the nurses remaining on duty might want to change the workplace in search of better and non-strenuous working environments. In addition, Mbombi et al. (2012) contend, absenteeism can result in instances where the nurses remaining on duty postpone their leave and/or change their off-duty days in an attempt to cover for the resultant shortage and increased workload. Alharbi et al. (2016) have argued that nurses remaining on duty may suffer from mental problems such as psychological distress, depression, and burnout. However, Cheng et al. (2012) offer a divergent view and argue that nurses who are emotionally committed to the health institutions tend to be more productive and are less likely to be absent or to leave their jobs.

Absenteeism has increased and there are limited interventions to address this problem (Walker & Bamford, 2011). Contemporary attempts at intervention, which include addressing employees' concerns, and staff shortage-reduction measures, have been hampered partly by unimplemented policy on management of absenteeism (Mudaly & Nkosi, 2013). Undoubtedly, failure to address absenteeism might render the healthcare institution short-staffed. According to Hong, Banbal, Zhang and White (2012), interventions need to focus on modifying the attitude of nurses who absent themselves from work. Singh (2012) contended that most nurses committed to their duties often find themselves confronted by challenges, such as increased workload because of shortage of staff, burnout, or fatigue. Therefore, addressing the absenteeism of nurses would assist in reducing workload, minimising burnout, and sustaining nurses' performance in the healthcare institutions (Mbombi et al., 2018).

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Nurse absenteeism results in low staff morale, increased shortage of nurses, and increased workload. Nurses with low morale perform in a substandard manner in the healthcare institutions; this results in increased infectious diseases, increased morbidity and mortality rates, and possible conflicts among each other (Gaudine & Gregory, 2010). The nurses remaining on duty might perceive the working environment to be unsafe and possibly consider getting another job outside the healthcare institution. High staff turnover from the nurses might increase because of minimum support by the nurse managers. Nurse absenteeism affects patient care and, as such, patients might experience prolonged hospitalisation as a result of high workload and low morale of the nurses remaining on duty. Also, the healthcare institution might experience less productivity as a result of poor performing nurses.

The healthcare institutions may also have financial implication costs, especially with regard to hiring replacement nurses. The changes in health care have changed nurses' work environment, increasing changes in patient behaviours in acute units, and changes in staff collaboration levels in health care organisations; it has also created heavier workloads for nurses making it impossible to achieve quality care, and resulting in fatigue, which is a cause of absenteeism from the workplace (Zboril-Benson, 2016).

2.12 Interventions to address absenteeism

Nurse managers should provide platforms to address psychological and professional problems experienced by nurses remaining on duty. The existing wellness programme could be enhanced to assist nurses in coping with psychological and professional problems. It is further recommended that policies that would address absenteeism in the workplace, and how nurses who remain on duty could be assisted with the workload of colleagues who continuously absent

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themselves, be introduced. Strict monitoring of nurse absenteeism by managers should be employed to address this (Mbombi et al., 2018).

People on long-term sick leave for mental health problems have an increased risk of mortality from suicide or ailments such as cardiovascular diseases and cancer (Wang, et al. 2020). The Occupational Health and Safety Department can conduct interventions aimed at minimizing and preventing work-related sicknesses and mental health problems at the individual, group, or organizational level. The involvement of workplace measures to improve employee sickness or mental problems has been proven to be effective in preventing sickness absenteeism among employees with mild problems or occupational stress (Bergstrom et al., 2017). Health problems related to work have an impact on absenteeism. Interventions aimed at improving the health status of employees include organizational level work condition improvements and work schedule changes. Stress management and skills training conducted at the individual level to equip employees with knowledge and resources would assist them to cope with work-related problems (Czabała, Charzyńska & Mroziak, 2011).

Determining the effects of absenteeism on nurses remaining on duty is significant for efficiency and effectiveness of the healthcare institutions. Management of absenteeism, which includes determining the causes of absenteeism, recording the trends of nurse absenteeism and implementing the absenteeism management policy, are key priorities of the nurse managers in healthcare institutions. Because nurses play an important role in patient care, assessing and managing both personal and family concerns is important to reduce workplace absenteeism (Mbombi et al., 2018).

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2.13 Regulatory measures to address absenteeism

Various regulatory mechanisms are in place globally to address absenteeism. These are organisational attendance policies which include the following: attendance policies outlining disciplinary procedures; counselling; monitoring absenteeism; documenting, auditing, or even dismissing in severe cases; and financial and incentive methods, whereby employees are awarded with financial rewards or certificates of attendance (for employees who have a good work attendance record). Additionally, health promotion is one of the intervention mechanisms for absenteeism, and it aims at reducing ill-health among health workers (Kisakye et al., 2016).

2.14 Trade Unions in South Africa and nurse absenteeism

According to Shezi (2015), the main registered trade unions for nurses in South Africa are the Democratic Nursing Organisation of South Africa (DENOSA), the National Education and Allied Workers' Union (NEHAWU), the Health and Other Service Personnel Labour Union of South Africa (HOSPERSA) and the National Public Service Workers' Union (NPSWU). In a study conducted by Pillay (2017), the Democratic Nursing Organization of South Africa (DENOSA) contended that nursing staff shortages are severely affecting good quality service delivery to the patients because they contribute to continuous absenteeism, and burnout, discouraging others from pursuing the profession and resulting in nurses leaving the profession.

In terms of the Disciplinary Code of South Africa, a public servant may be charged for being absent for less than one calendar month without an approval. In a study that was conducted by Podile (2019), NEHAWU and the Social Development Sectoral Bargaining Council (PHSDSBC) concluded that an employee that was absent for 22 days without approval could be dismissed. In a similar case, an employee that was absent for 3 days without approval was dismissed and the dismissal was regarded as fair in both instances (Podile, 2019).

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2.15 Strategies to reduce nurse absenteeism

Nurse Managers need to be creative when trying to address nurse absenteeism through the implementation of measures aimed at decreasing the rate of absenteeism. Absenteeism is known to create staff shortages, burnout, staff anxieties, and other dynamics that may critically disturb the quality of services rendered by the nurses (Ellis & Hartley, 2014).

Elfatah, Elfatah, Ahmed Abdel Wahab and Hassan (2018) argued that assertiveness of nurse managers in the workplace is a crucial factor in the attempt to restrict nurse absenteeism and to achieve organisational goals, which in turn encourages career development among the nurses. Assertiveness is perceived as an essential tool for nurse managers as nurse absenteeism is a problem directly related to work conditions and nurses' personal lives (Woods, 2013). However, Taunton, Perkins, Oethker-Black & Heaton (2014) have suggested that investigations should be conducted to determine if there is a relation between absenteeism and the assertiveness of nurse managers. According to Holland, Harder and Cooper (2015), assertiveness with high self-esteem and confidence has been proven to be one of the strategies that inspire career growth and decrease absenteeism of nurses in the workplace.

It is imperative for nurse managers to be transparent; they ought to set time aside to listen to nurses' personal or professional problems, and to manage effectively because management practices may positively or negatively impact on the rate of nurse absenteeism in an institution. In a study conducted in Uganda, it was concluded that there is an association between nurse managers' practices and nurse absenteeism in institutions (Wananda, et al., 2015). When nurses are acknowledged and remunerated for outstanding performances, they tend to refrain from absenteeism, whereas effective monitoring of absenteeism, involving the utilization of absence registers, also decreases the rate of nurse absenteeism. The study also reported on the relationship between nurses' education level and absenteeism. Nurses with advanced education

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levels exhibit lower levels of absenteeism; therefore, health institutions should have a nurses' training register for the relevant courses (Wananda et al., 2015).

Nurses should be made aware by nurse managers that unauthorized absenteeism is a serious concern so that the level of commitment required to control absenteeism is not compromised. Nurse managers should ensure that nurses get sufficient rest, to combat lethargy. Regulations, policies, and disciplinary procedures of health institutions should be utilized effectively to manage nurse absenteeism. Nurse managers should also ensure that they avail medical certificates for courses undertaken by nurses; moreover, they should clearly spell out sick leave regulations, ensure the provision of counselling services to nurses, investigate absences that nurses have no control over, track previous nurse records, and discuss absenteeism with the employees in a team set-up, in order to curb nurse absenteeism (Salih, 2018).

Employees who display unhappiness in their careers tend to stay absent regularly; therefore, job satisfaction plays a vital role in determining an absence behaviour in the workplace (Muller, 2013). It has been emphasized that absenteeism of employees in the workplace needs to be measured to get precise results on increasing or decreasing levels of absenteeism. The formula, referred to as the Bradford Factor, was developed to monitor the performance of organisations regarding employee absence. This formula is calculated as follows:

> B = SS X D – S is the total number of instances of absence of an individual over a specific period; and D is the total number of days of absence of that individual over the same set period (52-week period).

2.15.1 Rate of absenteeism

The available working days lost through absence in a given period is then multiplied by the total number of available working days in that same period. Rate of absenteeism = Number of lost working days due to absence X Number of workdays X 100 e.g. average number of employees in work force 100.

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Number of available workdays during period 20
Total number of available workdays (axb) 2000
Total number of lost days due to absence period 93
Absenteeism per cent (d[divided] c) X 100 4.65%

2.15.2 Frequency rate of absenteeism

The frequency rate of absenteeism is stated as a ratio and is normally given as incidents of absence per person per month. Frequency rate absence defines the number of absences, regardless of their duration, which is usually a year. The two formulas give a clear indication of the magnitude and incidence of absenteeism in an institution (Muller, 2013).

2.16 Summary

This chapter has reviewed the following aspects on absenteeism of nurses: nurse absenteeism in the South African context, and in neighbouring countries; types of absenteeism; leave policy in South Africa; types of leave; causes of absenteeism; implications of absenteeism; interventions of absenteeism; procedures of absenteeism; trade unions of South Africa; and strategies to reduce absenteeism of nurses in the workplace.

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Chapter 3

Research Design and Methodology

3.1 Introduction

This chapter discusses the research methodology and design that were employed in this study. In this chapter the population and sample under study, data collection instruments; data collection; data analysis, validity and reliability of the methods and instruments used, and the ethical considerations are discussed in detail.

3.2 Quantitative Research methodology

Research methodology is about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims and objectives. Broadly speaking, methods include the following elements: the choice and recruitment of participants; the generation of sampling data; fieldwork; data recording; data analysis; and the reporting of a study (Mills, 2014). The type of research methodology utilised in this study was quantitative and descriptive, using self-administered questionnaires.

According to Weigold and Russell (2013), quantitative research involves data collection that is typically numerical, and the researcher tends to use mathematical models as the methodology of data analysis. Punch and Oancea (2014) argue that it refers to a whole way of thinking, or an approach, which involves a collection or cluster of methods, as well as data in numerical form. The advantage of using a quantitative approach is the fact that it reaches many characteristics of people and communities, including rich and poor; it also enables the study of identities, perceptions, and beliefs that cannot be meaningfully reduced to numbers or adequately understood without reference to the local context in which people live (Choy, 2014).

Creswell and Creswell (2017, p. 205) list the following as some of the major characteristics of quantitative research:

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- Describing a research problem through a description of trends or a need for an explanation of the relationships among variables;
- providing a major role for the literature through suggestions such as the research questions to be asked and justifying the research problems and creating a need for the direction;
- creating the aim and objectives of the study; collecting data;
- analysing the data using appropriate methods and writing the research report using standard, fixed structures, and evaluation criteria
- and taking an objective unbiased approach.

3.3 Research design

The research design provides a conceptual framework that allows the researcher to answer specific research questions while using sound principles of scientific inquiry (Edmonds & Kennedy, 2016). Research design has four aspects; the planning, theoretical context, what or who will be studied, and tools and the measures to be utilized for collection and data analysis. There are four main steps that match with the above ideas, which connect research questions with data. These are: Asking a research question based on a theoretical premise; Selection of research participants and data collection; Data analysis; and reporting the results. The main purpose is to obtain the most effective and reliable decisions from the responses of the research. Creswell and Creswell (2017, p. 205) indicated that the importance of a research design is to stipulate a strategy for producing practical evidence that was utilized to respond to the research question.

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3.4 Research study site

The study was conducted at a specialist mental health care facility in Cape Town, South Africa, offering treatment and rehabilitation for adults, adolescents and children with complex mental health needs and Intellectual Disability. The facility nursing personnel comprises 191 nurses (registered nurses, enrolled nurses, and enrolled nurse assistants). The hospital has 335 patients, and the nurse-patient ratio is 1:6.

3.5 Population and sampling

3.5.1 Population

A population is the group of items or individuals who are the part of the research and have similar characteristics that the researcher desires to determine such as gender, language, age or otherwise (Norris, Plonsky, Ross & Schoonen, 2015). The study population included all the categories of nurses permanently employed at an intellectual disability facility in the Western Cape in 2017. The overall population of nurses in this facility was 191:

- nurse managers (n=10)
- professional nurses (n=48)
- enrolled nurses (n=33)
- enrolled auxiliary nurses (n=100).

The total target population was N=191. The sample size for this study was 151 (n=151) (Exclusions as listed below).

3.5.2 Inclusion criteria

All permanently employed professional nurses, enrolled nurses, and enrolled auxiliary nurses in this facility for intellectually disabled persons in the Western Cape in 2017.

3.5.3 Exclusion criteria

- Nurses who were on vacation or sick leave at the time of data collection

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- Nurse managers of the facility as they do not have direct clinical contact with the residents.

3.5.4 Sampling

A sample is a group of participants on which a study is conducted (Haegele & Hodge, 2015). One of the most critical elements of a study is selecting the individuals who will participate (Fraenkel, Wallen & Hyun, 2012). An all-inclusive sampling method was used in this study. This sampling technique involves examining the entire population that have a particular set of characteristics e.g. skills, experience or an exposure to event (Fraenkel et al., 2012). Participants who are included in a specified demography, are selected in the same proportion as they exist in the population, or the desired proportion for a study. After exclusions as outlined above, the study sample was 151 nurses.

3.6 Instrument

3.6.1 Questionnaire design

A questionnaire is an instrument consisting of a series of statements or questions for the purpose of gathering information from the respondents (Saris & Gallhofer, 2014). Self-reported questionnaires are advantageous for the following reasons: compared to face-to-face interviews, they are cheaper to manage, except for designing and printing; they also allow for a greater geographical coverage than face to face interviews, without incurring the additional costs of time and travel and they reduce bias error due to the characteristics of the interviewer and the variability in interviewer skills. The absence of an interviewer provides greater anonymity for the respondents, especially when the topic of the research is personal or sensitive; therefore, that can increase the reliability of the responses (Phellas, Bloch & Seale, 2011).

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3.6.2 Instrument

The researcher used a self-reported questionnaire (Appendix D) based on a tool that was developed by Kovane (2015) to examine the factors contributing to absenteeism in an acute psychiatric hospital in the Western Cape. The researcher modified the tool to be suitable for this study. Permission was sought and granted to the researcher for the tool to be utilized in this study (Appendix E). The questionnaire comprised three sections with 49 questions. Section A dealt with demographic details of the nurses, section B comprised questions related to perceived causes of absenteeism and section C was for comments of nurses on causes of absenteeism in that facility.

The questionnaire utilises a Likert scale. This is a psychometric scale with numerous categories from which the respondents can select. The Likert scale questionnaire used in this study consisted of a four-point option scale: "Strongly agree", "Agree", "Strongly disagree", and "Disagree". Likert scale questionnaires are advantageous when investigating individuals' different variables such as anxiety and self-morale. Scaled questionnaires are convenient for determining attitudes and behaviours as they can capture degrees of perceptions or opinions. Likert scale questionnaires are advantageous for they enable data to be collected rapidly from large numbers of participants. They can also deliver honest opinions of the participants (Nemoto & Beglar, 2014).

The questionnaire was pretested prior to its use due to a few changes that were made by the researcher to the tool. Ten questionnaires were distributed to ten nurses in a facility for intellectually disabled persons in the Western Cape. The researcher made sure that these nurses did not form part of the main study. The pretest aimed to establish the feasibility of the proposed study, and to detect possible flaws in the data collecting instruments, such as ambiguous instructions or wording, and to establish the time that the respondents would need to complete the questionnaire (Brink et al., 2012). The pretest helped the researcher to make some

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improvements on the questionnaire before the main study could be initiated (Polit & Beck, 2008). The questionnaire was then refined before being administered for the main study.

The following aspects were corrected after the pretest:

The response “not applicable” was deleted and that left the questionnaire with four responses, namely, “strongly agree”, “agree”, “disagree”, and “strongly disagree”. The purpose was to avoid neutral and indeterminate responses. The duration for completion of the questionnaire was 30 minutes.

3.7 Validity and reliability

3.7.1 Validity

Validity refers to the procedure of collecting evidence that supports the relevance of the interpretations that are made of participants’ responses for a particular valuation. It also outlines the degree to which evidence provides that the explanations are precise and that they are utilized in a proper manner (Boesch, Schwaninger, Weber & Scholz, 2013).

3.7.2 Content validity

According to Taherdoost (2016), there are four types of validity to be considered when assessing the viability of the measuring instruments designed to collect quantitative data: construct validity, content validity, criterion validity and face validity. For this study, content validity and face validity were applicable. The content validity of an instrument is the degree to which it appears to measure a concept by a logical analysis of the items contained in it. According to Heale and Twycross (2015), content validity is an assessment of how well the instrument represents all the different components of the variables to be measured. In line with this principle, the original questionnaire was validated.

Content validity focuses on whether the research instrument adequately covers all the content that it should with respect to the research variables. The researcher utilized Cronbach’s Alpha, with an assistance of a statistician, to assess reliability and internal consistency. A Cronbach’s

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alpha value for each section of the questionnaire was calculated (Boyd, Adler, Otilingam, & Peters, 2014). Content validity was established against the objectives on table 1 below:

Table 1: Content validity.

To describe safety and security reasons that may cause nurse absenteeism	1-3	Objective 4.1
To describe physical conditions that may cause absenteeism of nurses in the workplace	4-10	Objective 4.2
To describe work relations that may cause absenteeism of nurses in the workplace	11-15	Objective 4.3
To describe other work-related problems such as training issues for nurses, progression of nurses, workload, nature of work, salary issues and management problems that may result in absenteeism of nurses from the workplace.	16-49	Objective 4.4

In this study, the researcher tested the questionnaire on 10 nurses. These questionnaires were were only used for pre-testing purposes. After the questions had been answered, the researcher modified the content of the questionnaire based on the assessment of the sample participants. The researcher modified some questions to make the survey more comprehensive for the selected participants.

3.7.3 Face Validity

Face validity involves an analysis of whether the instrument appears to be on a valid scale. By just looking at the instrument, the investigator can decide if it has face validity (Halkidi, Gunopulos, Vazirgiannis, Kumar & Domeniconi, 2008). Face validity refers to "the extent to which an instrument looks as though it is measuring what it purports to measure (Polit & Beck, 2008 p.26). Face validity should be included in every test for validity (LoBiondo-Wood & Haber, 2014). In this study, face validity was carried out to check whether the instrument contained the important items to be measured. Face validity of the questionnaire was tested when the researcher presented the questionnaire to the study supervisor and a specialist nurse educator for evaluation. The supervisor, the nurse educator, and the statistician evaluated each

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item on the questionnaire with regard to the degree to which the variables to be tested were represented as well as the instrument's overall suitability for use (LoBiondo-Wood & Haber, 2014).

3.7.4 Reliability

According to Leung (2015), reliability is determined by the duplication of the procedures and the outcomes. The logical aspect of reliability asserts that recurrent measures of the phenomenon, with similar outcomes by means of unbiased methods, establishes the accuracy of the findings; the replication of the findings proves the stability or reliability of the phenomenon (Cypress, 2017). Reliability has three main aspects, equivalence, consistency/stability, and homogeneity. Equivalence emphasizes that an instrument will display similar outcomes when corresponding procedures are utilized. The stability states the tool's capacity to produce similar outcomes upon recurrent testing. The homogeneity of the instrument means that all of the items in an instrument measure the same concept variable or features (LoBiondo-Wood & Haber, 2014).

3.8 Data collection

The researcher obtained permission to conduct the research from the Health Research Ethics committee of Faculty of Community and Health Sciences (reference number BM19/1/37), University of the Western Cape (Appendix A). Permission was also granted by the Western Cape's Department of Health (Appendix B) and by the Chief Executive Officer of the hospital at which the study was conducted (Appendix C).

The researcher made appointments with the groups of participants from both shifts (day and night) and explained the purpose of the research and what was expected from them. Anonymity, confidentiality and protection (physical and emotional) were also explained and emphasized. The researcher distributed the questionnaires personally to the nurses. The

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duration of questionnaire completion was approximately 20 minutes; therefore, the daily programs and activities of the institution were not interrupted. The self-reported questionnaire (Appendix D) was used to collect the data from 151 nurses over the period of two weeks. Both day and night shifts were given the questionnaire to complete, with the researcher available to assist in completion of questions. After the two-week-period had lapsed, the researcher collected the information from the participants at agreed times.

3.9 Data management and analysis

The data collected was captured in the computer on excel, questionnaires were stored in a secure cabinet and only the researcher and research supervisor had access to the data. Data analysis includes turning raw numbers into meaningful data through the application of rational and critical thinking. Quantitative data analysis entails the calculation of frequencies of variables and differences between variables (Saunders, Lewis & Thornhill, 2012).

In this study, completed questionnaires were coded for data entry. Descriptive statistics were used to analyse data with the assistance of a statistician. The percentages, means and standard deviations were calculated using Statistical Package for Social Sciences (SPSS) version 24. The data was reported using percentages, graphs and tables (Albers, 2017).

3.10 Ethical considerations

3.10.1 Ethical Clearance and Permission to Conduct the Study

Ethical clearance was obtained from Biomedical Science Research Ethics Committee (BMREC Ref: BM19/1/37)(Appendix A) at the University of the Western Cape. Permission to conduct the study was obtained from the Department of Health, Western Cape Province (Appendix D).

3.10.2 Informed Consent

The researcher obtained permission from nurses after they were truthfully informed about the purpose of the study. According to Harris and Atkinson (2015), there are basic research

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principles that a researcher should adhere to when conducting a research study. Signed and witnessed informed consent forms were provided without restrictions by the participants. The researcher engaged with the participants prior to the study, to provide them with adequate information about the study, in order to prevent them from consenting to something they were not sure of or that had a potential to harm them.

3.10.3 Respect for persons

Participants' rights and well-being were respected by the researcher. In this study, the researcher made provision for the participants who could be harmed emotionally or physically by the questions they had to answer. The Independent Counselling and Advisory Services (ICAS), which is an employee health and wellness programme, was available on the premises if needed.

3.10.4 Beneficence

The researcher was available to protect any information provided by participants through ensuring that they were fully informed and had the right to withdraw at any point (Brink, et al., 2012). The researcher assessed and took account of the risks of harm and potential benefits of this study to participants. A psychologist was available in the facility to support any participant who felt distressed by the nature of the questions posed in the questionnaire.

3.10.5 Voluntary participation

The researcher ensured that the participants were fully informed about the procedures and risks involved in this research study (Brink et al., 2012). Participants were not forced into participating in this study but they gave their consent to participate. Participants made their free choice to be involved in the gathering of information because they wanted to answer the researcher's questions. The researcher would respect the participants' decision if they wanted to withdraw from the study.

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3.10.6 Privacy and confidentiality

The participants were informed that their participation would be strictly anonymous (Brink et al., 2012). Participants' names were not written on the questionnaires. Their names were not disclosed to the researcher.

3.11 Chapter summary

This chapter has described the design and methods employed in this study. The study population, sample and sampling procedures, data collection, data analysis, validity and reliability were described. Ethical considerations pertaining to the study have been described. Chapter 4 presents the results of the study.

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Chapter 4

Results

4.1 Introduction

This chapter presents the results of this study. The aim of this study was to describe the nurses' self-reported reasons for absenteeism from work at a state facility for intellectually disabled persons in the Western Cape. The research objectives were:

- To describe safety and security reasons that lead to nurse absenteeism.
- To describe physical conditions that cause absenteeism of nurses in the workplace.
- To describe work relations that cause absenteeism of nurses in the workplace.
- To describe other work-related problems such as training issues for nurses, progression of nurses, workload, nature of work, salary issues and management problems that cause nurses to absent themselves from the workplace.

In the study, one hundred and fifty-one questionnaires were distributed to nurses (Registered nurses, Enrolled nurses and Enrolled auxiliary nurses) working in a facility for intellectually disabled persons in the Western Cape. One hundred and eight participants returned completed questionnaires. The response rate was 71.5%, this met the threshold for acceptable response (Moule & Hek, 2011) (Table 2).

Table 2: Response rate

Population	Numbers
Study population	151
Completed questionnaires	108
Non-completed questionnaires	43
Response rate (108/151*100)	71.5%

The results of this study are presented in tables, charts, and graphs according to the objectives of the study.

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4.2 Section A: Nurses' demographic information

Questions 1-14 covered the demographic information such as age, gender, and the marital status of the respondents.

4.2.1 Gender

This facility employed more female than male nurses. 89.8% (n=97) of the respondents were females and 10.2% (n=11) were male. The percentage of male nurses in South Africa in 2019 was 12% of the total number of nurses (South African Nursing Council, 2019). The ratio of male to female nurses in the facility was similar to that of the national statistics.

4.2.2 Age

Figure 4.2 below shows the age range of respondents. The majority of the nurses in this facility were within age group 31-40, which represented 31.5% (n=34). Isah, Omorogbe, Orji & Oyovwe (2008) believe that nurse absenteeism increases with age; therefore, they contend, the younger the nurses are, the more passionate and energetic they will be about their job and will be less absent. However, Singh (2012) offers a contrasting view, for they state that older nurses have a lower absenteeism rate due to their commitment to their work.

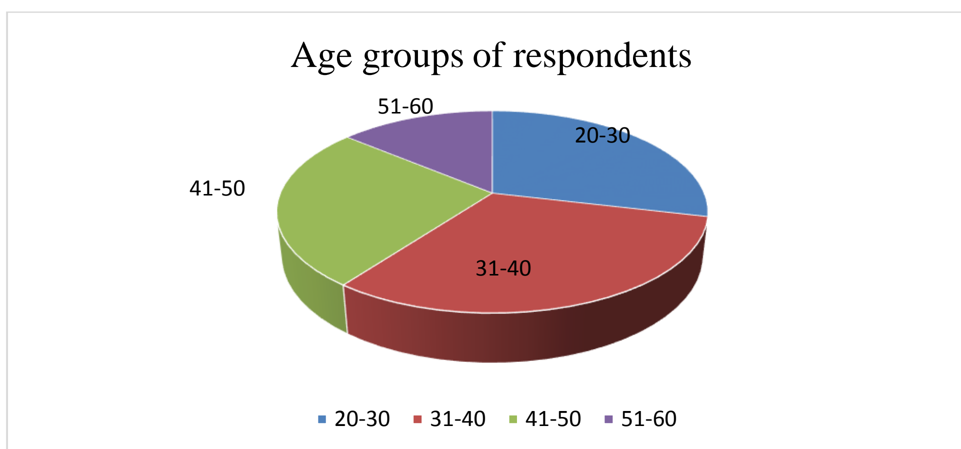

Figure 1: Age of respondents (n=108).

4.2.3 Ethnicity of respondents

The majority of the nurses self-classified as African and Coloured and were equally represented at 48.1% (n=52) (Figure 4.3). 2.8% classified themselves as white and one person did not

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respond to this question. White nurses formerly dominated nursing in South Africa but over time the nursing population has become representative of the national demographic as nursing as a profession became accessible to Africans (Blaauw, et al., 2014).

4.2.4 Marital status

The marital status of the respondents is indicated in table.

Table 3: Marital status of respondents (n=108)

Category	Frequency	Percentage
Single	48	44.4%
Married	44	40.7%
Divorced	8	7.4%
Widow	8	7.4%
Total	108	100.0%

4.2.5 Nationality

All except one respondent were South African citizens.

4.2.6 Employment position of respondents.

The majority, 47.2% (n=51), were Auxiliary Nurses, 27.8% (n=30) were Registered nurses (general); 4.6% (n=5) were Psychiatric Specialty Professional Nurses (PNB1); 20.6% (n=22) were Enrolled Nurses (Figure 4.4). This facility for intellectually disabled persons was formerly mainly staffed by enrolled auxiliary nurses. Professional nurses and enrolled nurses have been employed as the facility has changed its focus to rehabilitation and care, rather than primarily care.

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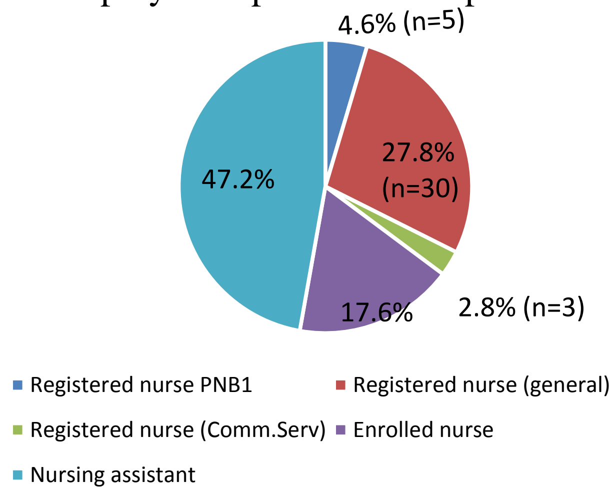

Figure 2: Employment position of respondents.

4.2.7 Type of employment

Permanently employed nurses represented 94.4% (n=102) of the respondents; 4.6% (n=5) were on contract; and 0.9% (n=1) did not respond to this question (Figure 4.5). The five nurses that are on contract are the community service nurses. Each year this facility reserves a space for five nurses that will be doing community services as per SANC requirement before obtaining a professional nurse qualification.

4.2.8 Education level of respondents

Enrolled auxiliary nurses, representing 55.6% (n=60) of the respondents were in the majority. The other results were as follows: 1.9% (n=2) of the respondents have a master's degree; a similar number, 1.9% (n=2), have taken advanced psychiatry courses; 26.9% (n=29) of the respondents have a degree; and 13.9% (n=15) have a diploma. Alharbi et al. (2018) agree that low levels of education have an impact on nurse absenteeism. In this facility there are very few nurses with master's degree or advanced psychiatric nursing qualifications. Wananda et al. (2015) note that there is a relationship between nurses' level of education and absenteeism; the lower the level of education, the higher the level of absenteeism. Interventions aimed at nurses' career development could be fruitful in reducing nurse absenteeism. Nurses who obtained

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certificates are more likely to be absent than those with diplomas. Those nurses often feel undermined by other nurses so they leave work for those with higher level of education (Wananda et al., 2015).

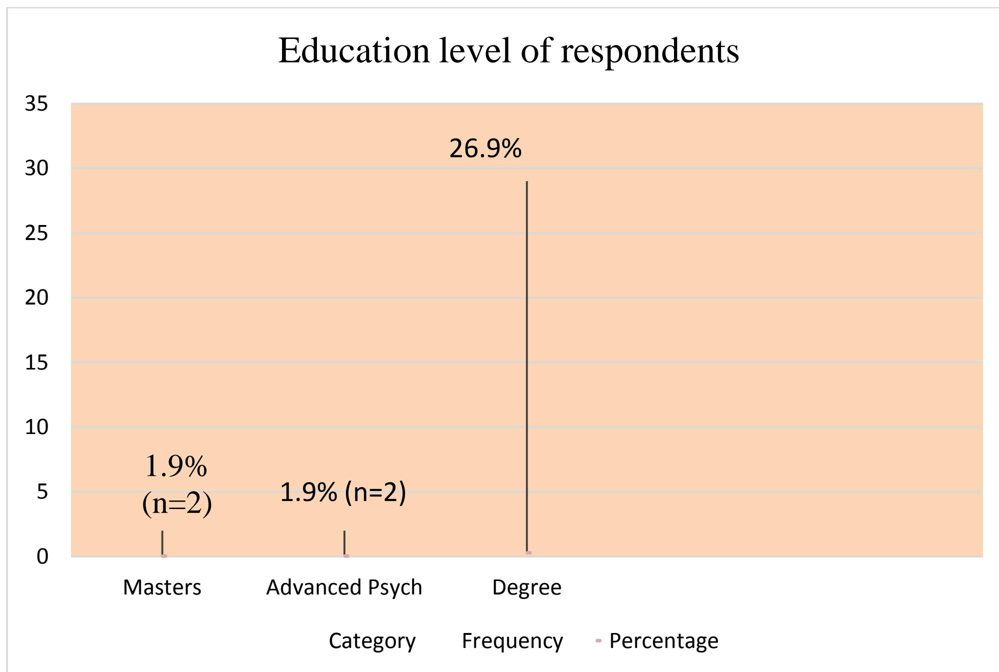

Figure 3: Education level of respondents.

4.2.9 Respondents' length of service

The results, as depicted in figure 7, below, were as follows: 43.5% (n=47) of the respondents have served for 0-5 years; 14.8% (n=16) for 6-10 years; 6.5% (n=7) for 21-25 years; 13% (n=14) for 11-15 years; a further 13% (n=14) have served for 16-20 years; and 9.3% (n=10) have served for 26 years or more.

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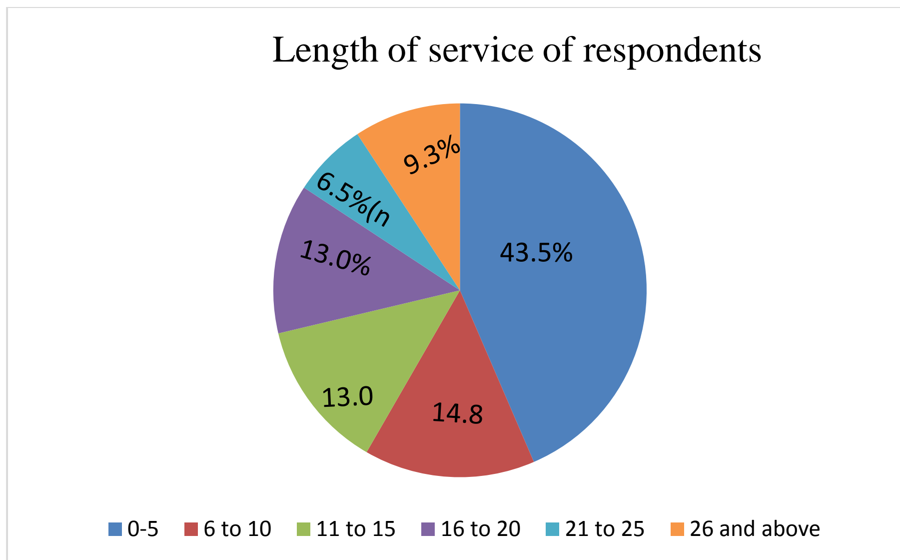

Figure 4: Length of service of respondents (n=108)

4.2.10 Travel to and from work

The majority of nurses, 50.9% (n=55), in this facility travelled to work by means of public transport. 42.6% (n=46) used private transport. Seven nurses (6.5%) travelled to work via arranged nurses' transport. Public transport in Cape Town is unreliable and the main means of commuter travel is the commuter taxi service. According to Castle and Ferguson-Rome (2015) and Alharbi et al. (2018), the transportation method used by nurses plays a role in nurse absenteeism especially in cases where they live far from work. Singh (2012) argues that nurses who drive long distances to work, especially in times of bad weather, can revert to absenteeism owing to fatigue.

4.2.11 Ward type where respondents work

The majority of respondents worked (38.9%; n=42) in long-term wards with persons who exhibited challenging behaviour. The acuity of patients plays a significant role in nurse absenteeism; due to being exposed to stressful events such as aggression and violence, patients in pain, trauma, and sudden death, nurses' physical, psychological and emotional health is often

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negatively affected. Work stress may contribute to absenteeism and high turnover, which in turn affects patient outcomes (Ahwal & Arora, 2015).

Table 2: Ward type where respondents work (n=108).

Category	Frequency	Percentage	Actual percentage	Cumulative percentage
Forensic ward	9	8.3%	8.3%	8.3%
Female acute ward	12	11.1%	11.1%	19.4%
Male acute ward	8	7.4%	7.4%	26.9%
Long-term challenging behaviour	42	38.9%	38.9%	65.7%
Frail care ward	32	29.6%	29.6%	95.4%
Therapeutic ward	3	2.8%	2.8%	98.1%
Other	2	1.9%	1.9%	100.0%
Total	108	100.0%	100.0%	

4.2.12 Nurse-patient ratio

Most respondents, 64.8% (n=70) felt that the nurse-patient ratio was inadequate; whereas 30.6% (n=33) agreed that nurse-patient ratio is maintained. Amongst those that felt that the nurse-patient ratio was not adhered to, some respondents mentioned that, at times, only four nurses (RN, EN and 2 ENAs) were allocated to a ward with 24 patients who needed assistance with daily activities. That means few nurses attend to a disproportionately large number of patients, a situation that may lead to burnout and absenteeism. Burnout syndrome and stress lead to absenteeism (García-Campayo, Puebla-Guedea, Herrera-Mercadal & Daudén, 2016).

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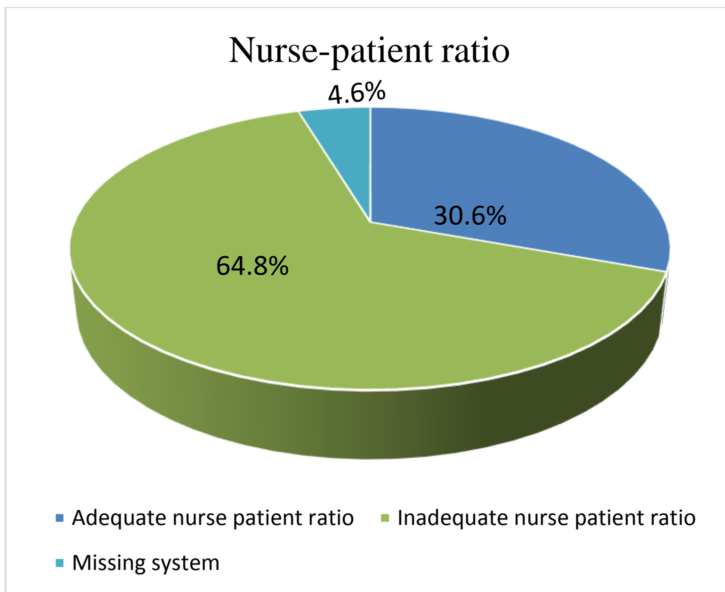

Figure 5: Nurse-patient ratio.

4.2.13 Dependents of respondents

The majority of the nurses, 89.9% (n=97) responded that they had dependents.

4.2.14 Ages of dependents

The findings, as depicted in figure 4.10 below, show that the majority of nurses, 30.6% (n=33), have very young dependents between the ages of 0-10; on the other hand, 27.8% (n=30) of them have dependents aged 11-20. Also, while 19.4% (n=21) of the nurses have dependents ranging from ages 21 to 30, 11.1% (n=12) have dependents aged 31 and above. Most nurses had young children who need close care and monitoring and that may contribute to nurses being absent, especially when children fall sick.

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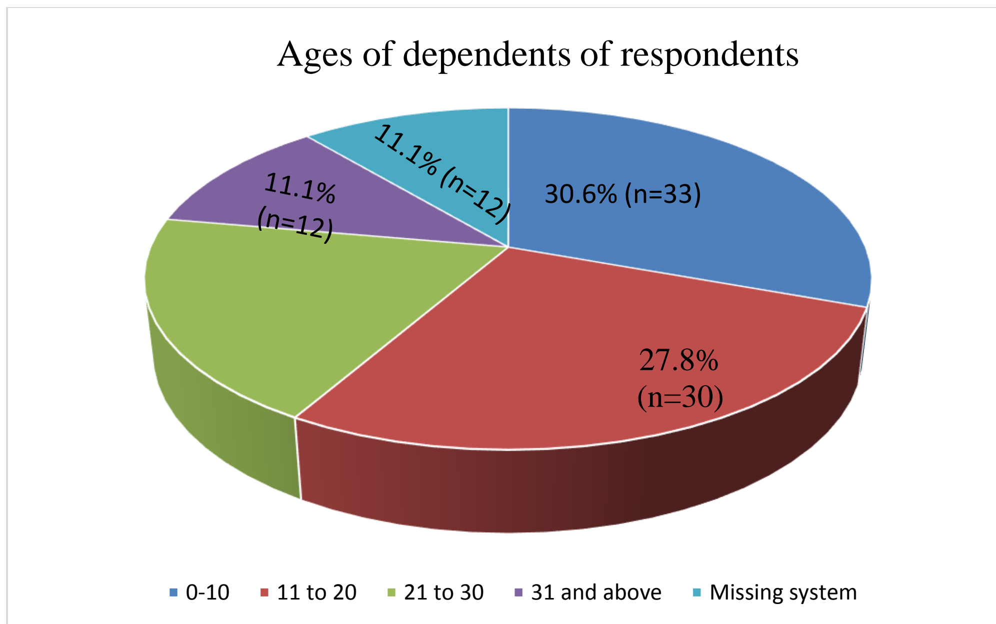

Figure 6: Ages of dependents of respondents.

4.3 Section B of the questionnaire

This section consisted of 49 Likert scale questions, which required participants to respond to options ranging from agree, strongly agree, disagree and strongly disagree to issues such as safety in the workplace, the physical working environment, work relations, work regulations, training, progression, and workload matters. In the graphs below, "Q" stands for question.

4.3.1 Perception of Safety

Figure 4.11 below illustrates responses to the question on safety. 58.4% (n=58) agree that they stand for long periods on their feet while performing their tasks; however, (54.6%, n=59) disagreed with the statement that they do perform their tasks without endangering themselves. 37.6% (n=41) of the respondents agreed that infectious diseases, such as airborne diseases that require isolation, are managed effectively by the facility; 61.2% (n=66) disagreed. Workplace safety has an impact on absenteeism and productivity (Jinnett, Schwatka, Tenney, Brockbank & Newman, 2017).

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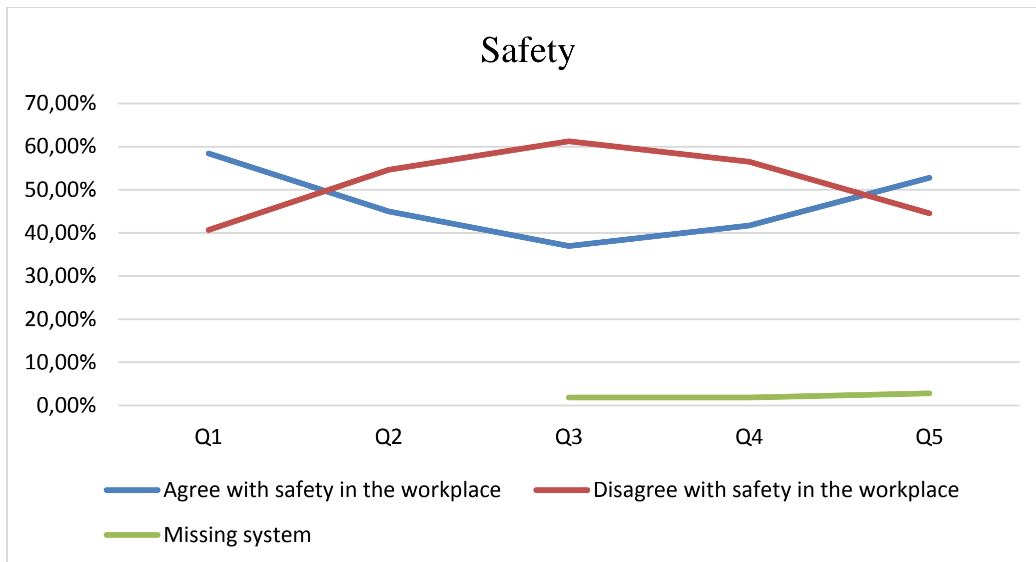

Figure 7: Perceptions of Safety.

4.3.2 Perception of physical working conditions

Figure 12 below illustrates responses to physical working conditions questions. Most respondents 76% (n=82) agreed that physical working conditions had an effect on absenteeism. These included extreme noise, gas, poor lightning, temperature problems, poor infrastructure, and other problems. Only 37% (n=40) agreed that they always have necessary job equipment such stationery, computers, tools, and electronic and laboratory apparatuses available to them. Just over half of the respondents thought that the working environment was pleasant (nature of the furniture, decorations, and tea rooms). 52.8% (n=57) agreed that they have never been absent from work because facilities such as toilets and kitchens meet their needs.

Furthermore, 51.9% (n=56) of respondents agree with the proposition that they had not been absent from work because the fire extinguishers and alarm systems are visible, easily accessible, and in good working condition in case of fire emergency, whereas 46.3% (n=50) of the respondents disagree. In a question about the facility environment only 36.1% (n=39) agreed that environment of the facility did not influence absenteeism; but the majority of the respondents 60.1% (n=65) disagreed. According to Osibanjo, Gberevbie, Adeniji and Oludayo (2015), good physical work conditions, such as electricity, power supply or lightning, good

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infrastructure, and refreshing external environments do not only save maintenance bills, but also improve staff morale, making them more productive, reducing incidents and decreasing absenteeism rates.

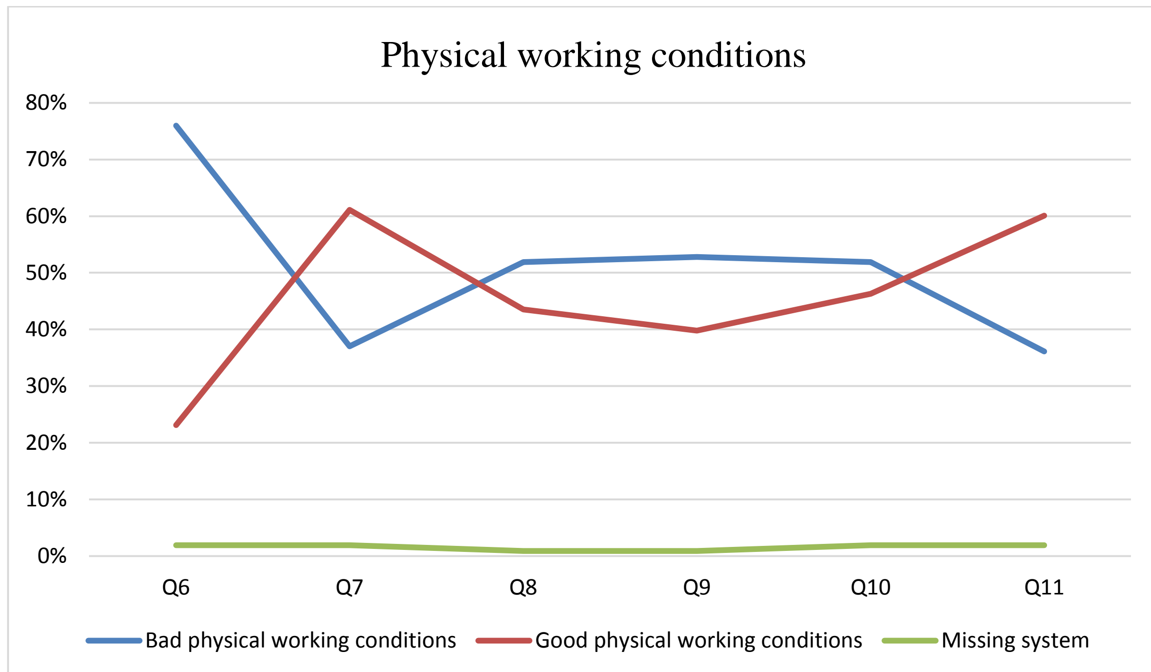

Figure 8: Perception of physical working conditions.

4.3.3 Work relations

Figure 13 depicts the responses to working relations questions. Only 40.8% (n=44) agreed that they find it difficult to deal with social issues such as socializing in a group or maintaining good interpersonal relations. 57.4% (n=62) disagreed with this statement. 87.1% (n=94) agreed that they were seldom absent from work because they have good relations with their colleagues, they trust them, there is good team work and have an ability to maintain social relationship with their colleagues. 37.9% (n=41) agreed that they tend to revert to absenteeism when there is a conflict or when some issues that concern them are not resolved; the majority of the respondents, 58.3% (n=63), disagreed that they would resort to absenteeism. In a question about awareness of absenteeism, the majority of respondents, 84.3% (n=91), agree that they are fully aware of the consequences of absenteeism from the work place, whereas 11.2% (n=12)

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disagree. 76.9% (n=83) of respondents agreed that they are seldom absent from work because they understand the meaning of absenteeism, whereas 20.4% (n=22) disagreed with the statement. In a question about working environment, 39.8% (n=43) agreed that they do not stay absent from work because they feel motivated and due to the conducive environment in which they work; 56.5% (n=61) disagreed. Enns, Currie and Wang (2015) stated that unfriendly work environment characteristics may be a risk factor for absenteeism in nurses.

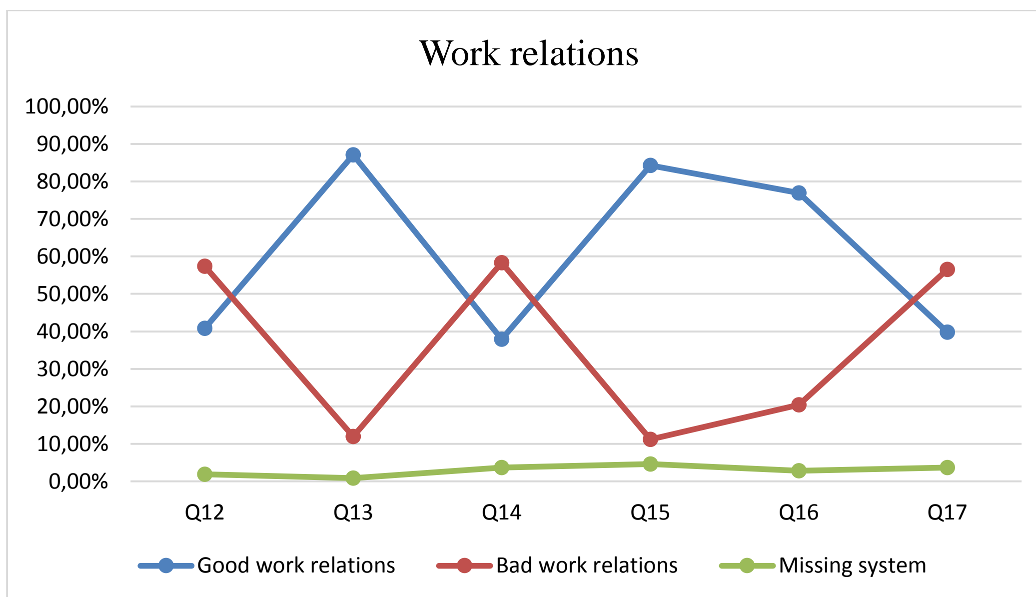

Figure 9: Work relations.

4.3.4 Perceptions of employment regulations.

73.2% (n=79) of respondents agreed that they are always at work because the personnel regulations, for example working clothes and working hours, satisfy their needs; only 26% (n=28) disagreed. The majority of respondents, 55.6% (n=60), agreed that the regulations and policies regarding personal matters, for example working hours, conditions of employment, and working conditions, reflect well on the organization. The majority of respondents 70.4% (n=76) agreed that they understood the rules and regulations of employment, especially about absenteeism.

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4.3.5 Training questions (figure 10)

33.3% (n=36) agreed that they were never absent from work because they are exposed to the necessary training courses to enhance their knowledge, skills and to promote them to the higher positions; 64.8% (n=70) disagree with this article. Lack of a clear job description, duties and responsibilities which were inconsistent with qualifications, knowledge, skills, and experience affected the minority of respondents' absenteeism (79,6 %; n=86). 42.6% (n=46) agree that their supervisors are using motivations and promotional strategies to encourage nursing staff; on the other hand, 56.4% (n=61) disagree. 50.9% (n=55) agree that they were absent from work due to inequitable training opportunities A study conducted by Mudaly and Nkosi (2015) reported that unfair selection of nurses for training and promotions resulted in nurse absenteeism. In a question about strategic performance management system, 50% (n=54) agree that they are absent from work due to perceived unfair assessment of employee job performance.

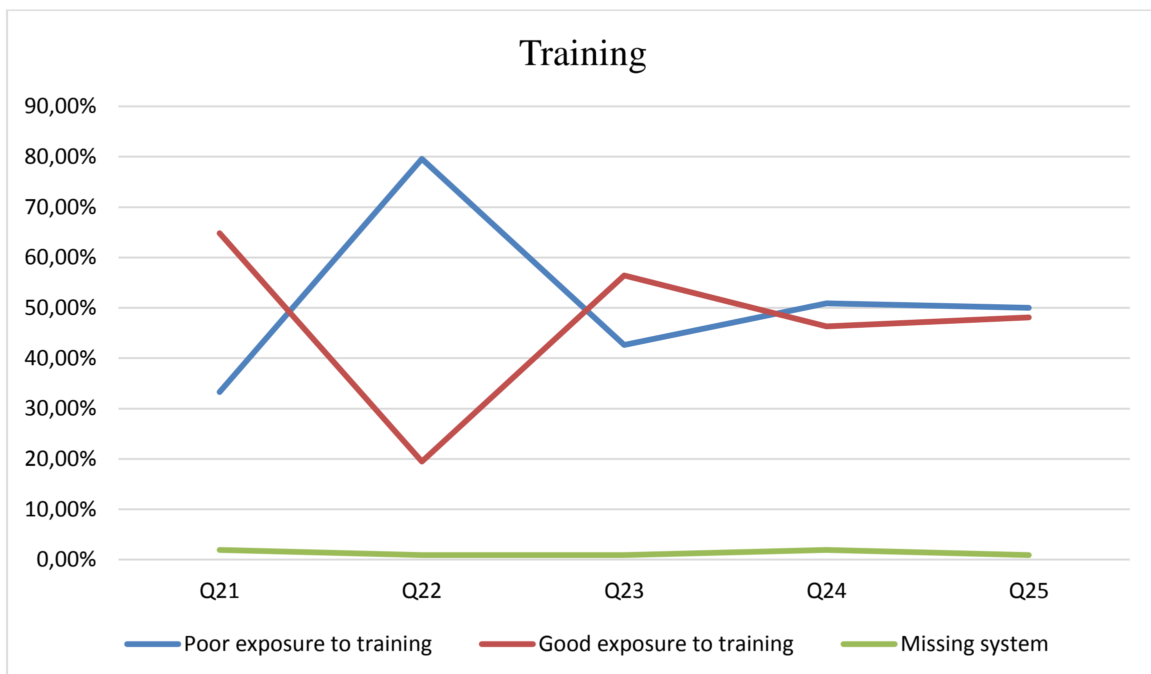

Figure 10: Training.

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4.3.6 Perceptions of Career Progression

The majority of respondents, 51% (n=55), agree that they are absent because they find themselves in a position which has a negative effect on the progress and development of their careers, whereby their weaknesses are over-emphasized than their abilities; 44.5% (n=48) do not agree. In a question of recognition 39.8% (n=43) agree that they never stay absent because they receive recognition from their supervisors for what they do, and this therefore encourages them to be always present at work; 56.5% (n=61) disagree. In the question of progression, 44.5% (n=48) agree that they are absent from work because they find it difficult to progress to a higher post due to their superiors having little or no confidence in what they do; 50.9% (n=55) disagree. In a question about support, only 32.4% (n=35) agreed that they receive support from their supervisors when facing unpleasant situations, or seeking academic advice, and therefore are motivated to be always present at work; 64.8% (n=70) disagree. The majority of respondents (63%, n=68) agreed that they were never absent from work because they attended in-service training sessions to keep them informed of updated policies, whereas 34.2% (n=37) disagreed.

4.3.7 Workload questions

In a question about workload 38% (n=41) of the respondents agreed that they were absent from work due to heavy workload, and therefore experience burnout, whereas only 31,62% (n=67) disagree with the article. Heavy workload adversely affects the nurses' physical and psychological well-being, which turns to absenteeism (Bowling, Alarcon, Bragg & Hartman, 2015).

4.3.8 Perceptions about the nature of work

In a question about nature of work, 47.3% (n=51) agree absenteeism is affected by dissatisfaction about the nature and content of their work, as it is boring and does not correspond with their aptitude; 50.9% (n=55) disagree with the article. In a question about

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recognition at work, 45.3% (n=49) of the respondents agree that all their good qualities are recognized and used; 49.1% (n=53) disagree with this article. 38% (n=41) agree that their task does not demand their continued intense concentration, whereas 56.4% disagree with this article. In a question about appreciation 36, 50% (n=54) agree that they are always at work because their initiatives and inputs are appreciated, whereas 38.8% (n=42) disagree. The majority of respondents, 50% (n=54), agree that they stay away from work because negative motivation is used more than positive incentives at their workplace; 48.1% (n=52) disagree. 66.7% (n=72) agree that they are dissatisfied with one or few of the following: pension, medical aid, achievement bonus (Speciality Performance Management System), salary, housing allowance, and other aspects of their remuneration packages, although 32.4% (n=35) disagree.

4.3.9 Salary and absenteeism

In addressing absenteeism in the workplace, salary matters are important for health care workers. In response to question relating to satisfaction with employee benefits, only 44.4% (n=48) respondents agreed that their fringe benefits, for example a housing subsidy, ensure their support and security. Less than half of the respondents 46.3% (n=50) agreed that their salary was inappropriate in relation to their duties and responsibilities. Poor salaries have been reported to be one of the causes of absenteeism among nurses (Al-Sharif, Kassem & Shokry, 2017). Bierla, Huver & Richard (2013) reported that salary is not related to absenteeism because salary depends on various aspects such as hierarchical level and tenure.

4.3.10 Absenteeism and Management

In response to question about nurse managers 53.7% (n=58) agreed that they always absent themselves from work because they are dissatisfied with one or more of the following: working hours, conditions of employment, communication channels with respect to grievances and complaints, or any other regulations involving personal matters, although 46.3% (n=50) of respondents disagree. In a question about favouritism, only 46.2% (n=50) agree that they never

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absent themselves from work because their supervisors promote teamwork with an open door policy and do not display favouritism among the staff, whereas 52.7% (n=57) disagree. In a question about moral support, 45.3% (n=49) agree that their supervisors are very supportive towards them when facing unpleasant situations, which is why they never stay absent from work; but 51.8% (n=56) disagree with this article. Leadership styles of nurse managers influence nurse absenteeism (Al-Sharif et al., 2017).

4.3.11 Nurse absenteeism by length of service in the last six months.

The figure below displays the number of reported days of nurse absenteeism in the six months preceding the data collection period. Newly employed nurses had the highest reported absent days. Abdul-Nasiru, Mensah, Amponsah-Tawiah, Simpeh & Kumasey (2014), reported that employees who have shorter service in an organisation have higher rates of absenteeism because they are less committed to the organisation compared to the employees with longer service.

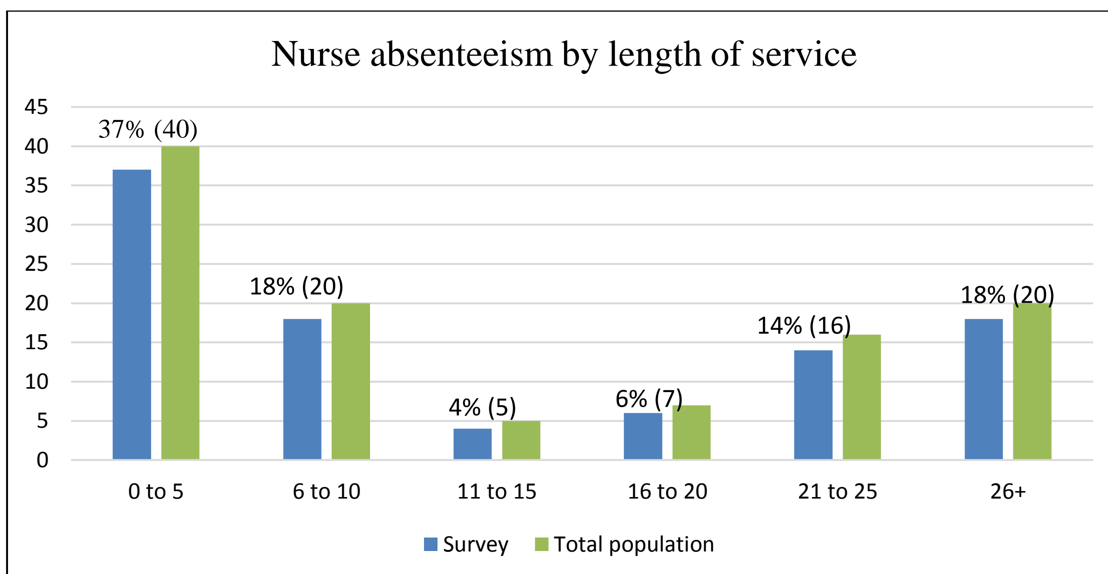

Figure 11: Nurse absenteeism by length of service.

4.3.12 Nurse absenteeism by ward type in the previous six months

Figure 12, below, illustrates absenteeism of nurses by ward type in the six months preceding the data collection period. A high absenteeism rate of 40% (n=43) was noted in the frail care

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wards, where there is lifting of elderly and frail patients. Acute wards recorded the second highest absenteeism rate of 30% (n=32), followed by long-term with challenging behaviour wards at 25% (n=27). The lowest category of absenteeism was other (forensic and therapeutic wards) with a rate of 5% (n=6); this category included. According to Mudaly and Nkosi et al. (2015), heavy workloads and shortages of staff result in nurses absenting themselves from the workplace due to burnout. Furthermore, Ribeiro, Serranheira & Loureiro (2017) reported that nurses have a highly physically demanding job, which leads to musculoskeletal disorders, which create high rates of sick absenteeism. There was also a significant number of absenteeism in male and female acute wards. Stevenson (2014) reported that nurses working in acute care psychiatry are exposed to various forms of violence by patients compared to other health care workers.

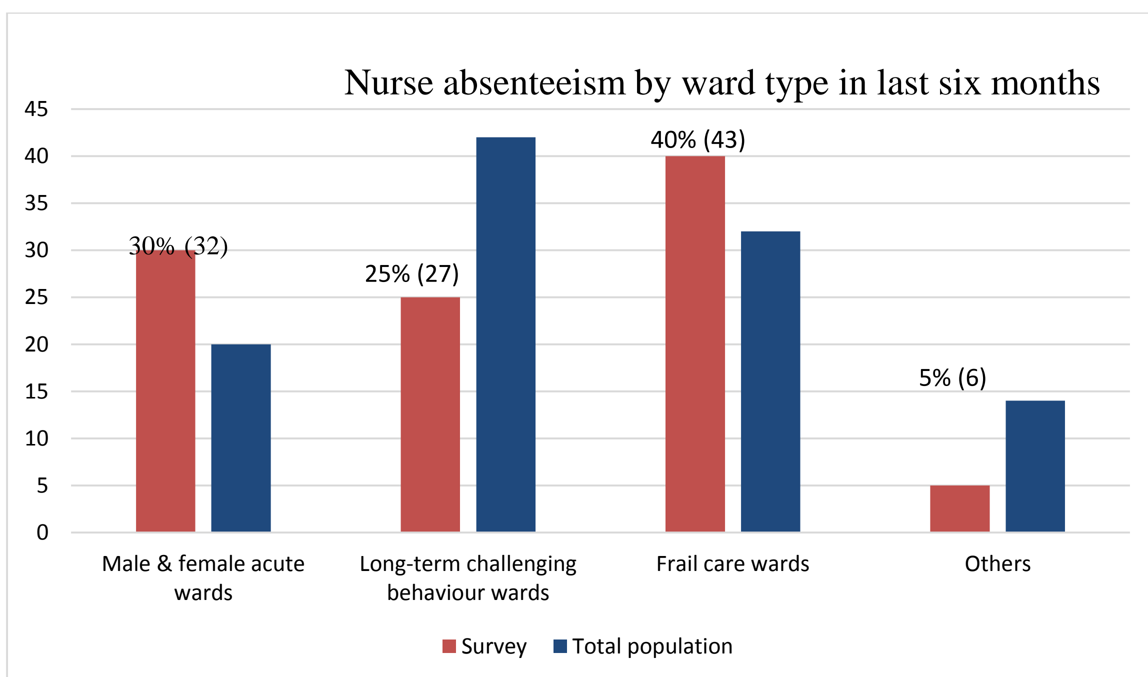

Figure 12: Nurse absenteeism by ward type in the last six months

4.3.13 Nurse absenteeism by age group in the last six months.

Figure 13, below, presents nurse absenteeism by age in last six months. The age group with the most days of absenteeism was 20-30, with a figure of 32% (n=35), followed by age group of 51-60, with a figure of with 26% (n=28). The age group with the least days of absenteeism was

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41-50, with a figure of 17% (18). The age group of 31-40 represented a figure of 25% (n=27). These results are supported by Sagherian, Unick, Zhu, Derickson, Hinds and Geiger-Brown (2017) who emphasize that younger nurses are more likely to be absent with sick leave compared to older nurses; however, Bierla, Huver & Richard (2013) argue that when a nurse becomes older, health deteriorates, and absence increases.

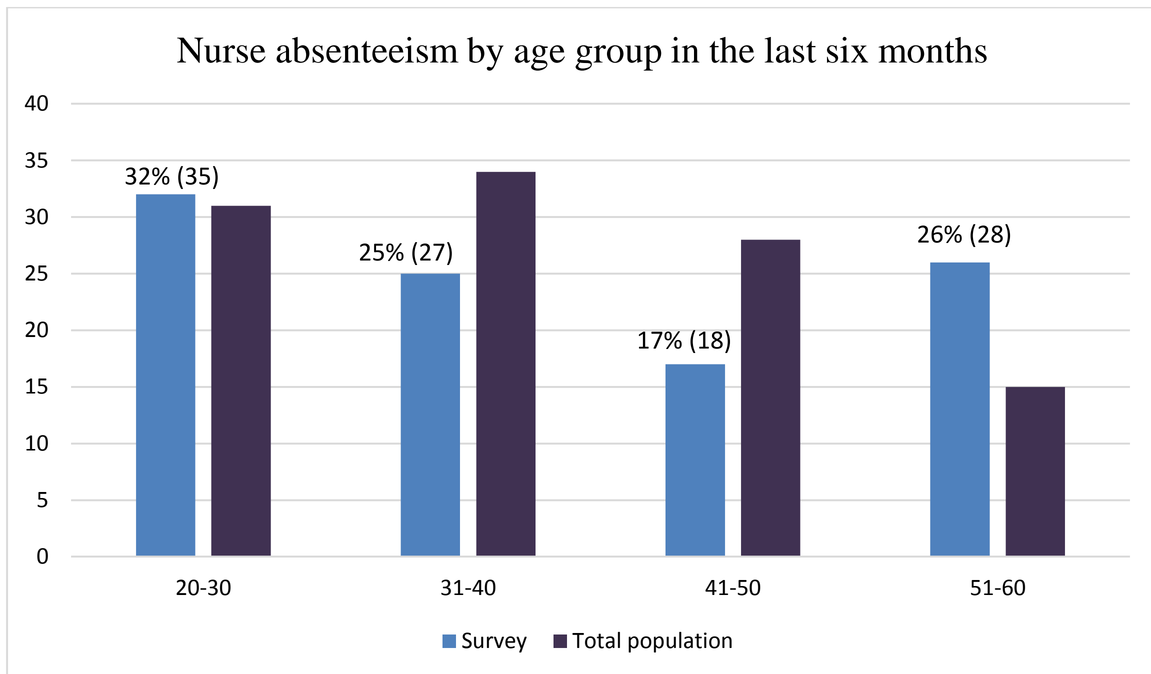

Figure 13: Nurse absenteeism by age group in the last six months

4.3.14 Sick leave and leave utilization by nurses

The table below shows annual and sick leave credits for the facility during 2017. This shows the severity of absenteeism in this facility. In a study conducted in Nigeria, Ngozi (2015) states that when nurses become frustrated due to bad working conditions, they revert being absent from work, creating a trend that is costly to organisations, both emotionally and financially.

Table 5: Leave and sick leave utilization period 2017

Types of leave	Credits	Percentages
Leave taken	47	44%
Sick leave taken	52	56%
Other leave taken e.g. family responsibility leave	5	4%

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4.4 SECTION C of the questionnaire

This section deals with comments of nurses on the reasons of absenteeism from the facility for intellectually disabled persons in the Western Cape. 44.4% (n=48) responded to this section. Nurses complained about shortage of nursing staff, long hours, and transport problems that contribute to absenteeism in this facility. Some nurses raised the concern of favouritism, whereby managers favour some nurses over others.

Nurses reported that when a nurse is absent, he/she is replaced with another nurse from the ward, which creates more staff shortage and absenteeism; lack of communication, poor infrastructure in the facility, lack of studying opportunities, and denial of leave upon request were also mentioned. Nurses also mention lack of confidentiality on the part of supervisors, stress, exhaustion, and unhappiness as causes of absenteeism in this facility. Moreover, they referred to sickness and personal problems as part of the reasons that cause them to be absent from work. Others complained about not being allowed to work in wards that they preferred, stating that they also prefer night over day duty, but they are given the opposite and, therefore, revert to absenteeism. Nurses also mentioned team-building events that are held on certain shifts, lack of nursing staff recognition, unfair labour practices, and high absenteeism rates, which, in turn, lead to more absenteeism. Some of the nurses mentioned that nurse managers become too friendly with some nurses and allow liberties not afforded to others.

Changing shifts and wards on a monthly basis was reported to be another reason for nurse absenteeism. Registered nurses took on multiple roles in order to cope with absenteeism of other staff members, play the roles of enrolled nurses and enrolled auxiliary nurses at the same time, and this leads to burnout, which results to absenteeism. Low nursing staff morale, occupational injuries, and the absence of a crèche in the premises for children also contributes to absenteeism. Nurses reported that, when they have conflicts with fellow colleagues, the nurse manager becomes prejudiced. Nurses also mentioned that nurses with old injuries and

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surgical operations, who often prefer to do office work while others are doing physical work, may lead others to absent themselves from work.

4.5 Chapter summary

Chapter 4 has presented and described the results that emanated from the collected data. Biographical information and questions related to work issues have been analysed. Participants had to respond to categorical Likert scale questions with the following four options: agree, strongly agree, disagree and strongly disagree. The results discovered both positive and negative responses on issues surrounding the investigation of the self-reported reasons for absenteeism of nurses at an institution for intellectual disabled persons in the Western Cape. Chapter 5 presents the conclusions, limitations, and recommendations of this study.

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Chapter 5

Conclusions, Limitations and Recommendations

This chapter presents a summary, conclusions, and recommendations of this study. The objectives of the study were to investigate the self-reported reasons for the absenteeism of nurses in a facility for intellectually disabled persons in the Western Cape. The main reasons for nurse absenteeism in the facility for intellectually disabled persons in the Western Cape are discussed below.

5.1 Safety in the work environment

Nurses reported that they feel that their lives are endangered when on duty, due to various aspects like airborne diseases; excessive noise, poor infrastructure of the environment which results in licking roofs when it rains (Jinnett, Schwatka, Tenney, Brockbank & Newman, 2017).

5.2 Physical problems

Nurses complained about physical problems like back pains, shoulder pains, swollen painful feet due to their nature of work. They are exposed to injuries due to being assaulted by mentally disabled patients when they are aggressive (Baydoun, 2016; Murray, 2013).

5.3 Poor leadership

Nurses were concerned that there was no support and recognition from the nurse managers (Tenhiälä et al., 2013). They felt that their weaknesses were over-emphasized at the expense of their abilities. They also reported favouritism displayed by nurse managers towards some nurses, which they find disturbing and discouraging (Elshout et al., 2013).

5.4 Workload and occupational stress

Nurses reported burnout, resulting from absenteeism, which results to more absenteeism, physical and psychological ailments (Najimi, Goudarzi, Sharifirad, 2012). Nurses also opined

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that the recommended nurse-patient ratio was not maintained; this was another cause of absenteeism (Fagerström & Vainikainen, 2014; Abdo, El-Sallamy, El-Sherbiny & Kabbash, 2016).

5.5 Salary

Nurses were concerned about their remuneration packages, which they claim do not ensure their support and security. They felt that their salary was not commensurate with their duties and responsibilities (Al-Sharif et al., 2017).

5.6 Progression

Nurses felt that the process of sending them for further studies was too slow and, for that reason, they had a general feeling that the facility has no confidence towards them. They also emphasized that they also find it difficult to progress to the higher posts due to lack of encouragement from their superiors. When there is lack of equality in promotion or progression practices, nurses become discouraged and revert to absenteeism (Darkwa, Newman, Kawkab & Chowdhury, 2015).

5.7 Limitations of the research

The study was only conducted in one facility in the Western Cape; therefore, although absenteeism is a global problem, generalization of the results is not possible to other institutions that cater for disabled persons. As data was collected using a self-reported questionnaire, bias cannot be completely ruled out. Participants might not have responded truthfully to the certain questions.

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5.8 Recommendations

5.8.1 Nurse Managers

A leadership training programme for nurse managers should be implemented to improve their knowledge and skills on how to reduce nurse absenteeism, especially through the provision of opportunities suitable for career development. Nurse Managers should highlight the importance of communication courses and other educational opportunities available to nurses, in order to build confidence in their nursing staff. This in turn may increase motivation and decrease absenteeism.

5.8.2 Morale of the nurses

Nurses should be encouraged to become actively involved in the multidisciplinary health team to promote learning of new skills, creating new relationships, and boosting staff morale, in order to improve their confidence. Adequate breaks should be incorporated into the work day in order to prevent stress and fatigue. A strategy to minimise absenteeism should be implemented in the facility.

5.8.3 Recognition of nurses

Employee recognition programmes, such as the provision of certificates of attendance to the nurses, may be utilized as strategies to reduce nurse absenteeism. Other incentive programmes such as bonuses, annual performance appraisals, workplace wellness programmes, and workplace mental health interventions, should be introduced or prioritised to improve nurses' morale. Nurse managers should refrain from favouritism since it affects the nurses emotionally.

5.8.4 Structural changes

Transportation for the nurses should be provided to reduce transport-related absence. A day and after school care centre should be established for nurses' children within the health facility premises or nearby to obviate the need for nurses to leave early to fetching children or for nurses to absent themselves to take care of them. An absenteeism policy should be in place

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which is accessible to the nurses. Nurse managers should ensure that nurses understand the policy. Provision of free on-site health care services for nurses might decrease levels of nurse.

5.8.5 Proper recording of absenteeism

Nurse managers should utilize calendars to monitor absenteeism patterns amongst the nurses. An Employment Assistance Programme (EAP) should be utilized for nurses that have personal problems. Overtime should be utilized to relieve the nurses that are on duty, instead of taking nurses from other wards to fill the gap of a nurse that is absent because that results in shortage of staff in that particular ward which leads to burnout. Teambuilding initiatives should be considered. The managers should strive to build good relationships with their nurses to enable the latter to trust them with their personal problems.

5.8.6 Involvement of nurses in decision making

Nurses should be involved, when nurse managers make decisions that affect them, in order to foster a good working relationship. Nurse-patient ratios should be revisited. Nurses should be sent for training and for further studies to enhance their knowledge and skills for this would enable them to cope with work environmental challenges. Progression of nurses should be encouraged by nurse managers, especially for nurses who have been with the organisation for a long period. Those nurses should be encouraged to improve their education and training so as to be able to progress in their careers and give them a sense of belonging.

5.9 Summary

The current study investigated the self-reported reasons for absenteeism of nurses working at a facility for intellectually disabled persons in the Western Cape. The results and recommendations of this study could provide information which will facilitate further investigation of the causes and impact of absenteeism and how to reduce this in the facility. These results could also create awareness on the part of the nurses, concerning the implications

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of being consistently absent from the workplace. The researcher recommends further research, especially of a qualitative nature to offer insights in this phenomenon.

5.10 Conclusion

In this chapter, a summary of the results have been presented. The respondents comprised all categories of permanently employed nurses at this facility, with the exception of the nurse managers. The Human Resources Department of facility for intellectually disabled persons in the Western Cape assisted the researcher to access the organisation's nurse absenteeism statistics.

Nurse absenteeism remains a challenging task for nurse managers at this facility. Nurse managers and nurses can collectively work together with the nurses to create a conducive work environment and reduce nurse absenteeism in this facility. Management of nurse absenteeism will involve the nurses' understanding of the consequences and the effects it has on the facility. Caring for staff in a facility may reduce absenteeism, promote the quality of work life, and in turn the care that nurses offer their patients.

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APPENDIX A: UWC ETHICS CLEARANCE

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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South Africa
T: +27 21 959 4111 /2948
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10 June 2019

Ms NF Dinizulu
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: BM19/1/37

Project Title: Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectually disabled persons in the Western Cape

Approval Period: 15 May 2019 _ 15 May 2020

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

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

Please remember to submit a progress report in good time for annual renewal.

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

BMREC REGISTRATION NUMBER -130416-050

ROM HOPE TO ACTION THROUGH KNOWLEDGE.

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APPENDIX B: WESTERN CAPE GOVERNMENT APPROVAL

Health Impact Assessment
Health Research sub-directorate
Health.Research@westerncape.gov.za
tel: +27 21 483 0866: fax: +27 21 483 9895
5th Floor, Norton Rose House, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: WC_201906_017
ENQUIRIES: Dr Sabela Petros

University of Western Cape

Robert Sobukwe Road

Bellville

Cape Town

7535

For attention: Ms Nompumelelo Florence Dinizulu

Re: **Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectually disabled persons in Western Cape.**

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 person to assist you with any further enquiries in accessing the following sites:

Alexandra Hospital	**Ms Joy Harding**	**021 503 5009**

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. By being granted access to provincial health facilities, you are expressing consent to provide the department with an electronic copy of the final feedback (**annexure 9**) within six months of completion of your project. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).

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3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).

4. The reference number above should be quoted in all future correspondence.

Yours sincerely

DR M MOODLEY

DIRECTOR: HEALTH IMPACT ASSESSMENT

22-08-2019

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APPENDIX C: CEO APPROVAL: ALEXANDRA HOSPITAL

Alexandra hospital
No. 1 Annex Road
Maitland, 7405
25 August 2019

The Chief Executive Officer
Alexandra Hospital
No 1 Annex Road
Maitland, 7405

Dear Ms Van Der Berg

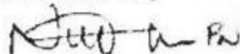
Request for permission to conduct the research study at Alexandra Hospital

I am a Registered Professional nurse, permanently employed by Alexandra Hospital. I am studying Masters in Psychiatric nursing via University of the Western Cape. I am requesting to conduct my study at your institution. I have completed the theoretical part of my studies and have to conduct research so as to be able to complete the course. My research topic is **Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectually disabled persons in the Western Capo.**

With your permission my study population will be Registered nurses, Enrolled nurses and Enrolled Nurse Assistants of Alexandra hospital. Management will be excluded from the study. The Ethics approval has been granted by the Biomedical Science Research Ethics Committee of UWC. The results will be shared with colleagues within the Department of Health.

Please find attached letters of approval from the Biomedical Science Research Ethics Committee and from the Department of Health.

Yours faithfully



N. F. Dinizulu

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APPENDIX D: SAFETY QUESTIONS & RESPONSES

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

SECTION A: ABSENTEEISM FACTORS QUESTIONS AND RESPONSES.

Q	This questionnaire addresses safety factors that cause absenteeism of nurses from work	S/A	A	TOTAL AGREE	S/D	D	TOTAL DISAGREE	BLANKS
1.	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.	16.7%	41.7%	**58.4%**	23.1%	17.6%	**40.7%**	**0.9%**
2.	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.	12.0%	33.3%	**45.3%**	38.9%	15.7%%	**54.6%**	
3.	Your nature of work has no negative effect on nature and quality of your life.	7.4%	29.6%	**37%**	34.3%	26.9%	**61.2%**	1.9%
4.	Infectious diseases like airborne diseases that require isolation are managed effectively by the organisation.	14.8%	26.9%	**41.7%**	32.4%	24.1%	**56.5%**	1.9%

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5.	Your organisation has security officers that are competent in doing their job to be able to protect both patients and yourself.	13.0%	39.8%	**52.8%**	24.1%	20.4%	**44.5%**	2.8%

SECTION B: WORKPLACE PHYSICAL CONDITIONS QUESTIONS AND RESPONSES.

Q	The following questions on physical working conditions in the hospital address various factors that cause absenteeism of nurses from work	S/A	A	TOTAL AGREE	S/D	D	TOTAL DISAGREE	BLANKS
6.	You encounter one or more of the following: extreme noise, gasses, poor lighting, temperature problems, poor infrastructure and other problems that concern your physical working conditions.	34.3%	41.7%	76%	12.0%	11.1%	23.1%	0.9%
7.	Your necessary job equipment (for example, stationery, computers, tools, electronic and laboratory apparatus are always available.	12.0%	25.0%	37%	29.6%	31.5%	61.1%	1.9%
8.	The nature of the furniture and decorations and tea-rooms in your working area create a pleasant working environment.	13.9%	38.0%	51.9%	21.3%	22.2%	43.5%	4.6%
9.	The facilities (such as toilets and kitchens) meet your needs.	11.1%	41.7%	52.8%	16.7%	23.1%	39.8%	7.4%
10.	Fire extinguishers and alarm systems are visible, easily accessible and in good	10.2%	41.7%	51.9%	26.9%	19.4%	46.3%	1.9%

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	working condition in case of fire emergency.							
11.	The outer environment of your institution appears bright and refreshing.	17.6 %	37.0%	54.6%	18.5%	23.1%	41.6%	3.7%

SECTION C: WORKING RELATIONS QUESTIONS AND 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
12.	You find it difficult to deal with social matters (such as socializing in a group and or maintaining good interpersonal relations).	13.9 %	26.9%	**40.8%**	19.4 %	38.0 %	**57.4%**	1.9%
13.	You have good relations with your colleagues, you trust them, you make good teamwork and have an ability to maintain social relationships with your colleagues.	30.6 %	56.5%	**87.1%**	7.4%	4.6%	**12%**	0.9%
14.	You tend to revert to absenteeism when there is a conflict or when some issues that	14.8 %	23.1%	**37.9%**	33.3 %	25.0 %	**58.3%**	3.7%

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	concern you are not being resolved.							
15	You are fully aware of the consequences for absenteeism from the work place.	27.8 %	56.5% %	**84.3%**	9.3%	1.9%	**11.2%**	4.6%
16 .	You are clear about what the meaning of absenteeism.	27.8 %	49.1%	**76.9%**	11.1 %	9.3%	**20.4%**	2.8%
17 .	You always feel motivated and keen to wake up and go to your work place due to the conducive environment that you work in.	10.2 %	29.6%	**39.8%**	31.5 %	25.0 %	**56,5%**	3.7%

SECTION D: REGULATION QUESTIONS AND 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 DISAGREE**	**BLANKS**
18 .	The personnel regulations (for example, working clothes and working hours) satisfy your needs.	17.6 %	55.6 %	**73.2%**	13.0 %	13.0 %	**26%**	0.9%
19 .	The Regulations and policies	13.0 %	42.6 %	**55.6%**	31.5 %	10.2 %	**41.7%**	2.8%

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	regarding personal matters (for example concerning working hours, conditions of employment, and working conditions) reflect well on the organization.							
20.	You understand working rules and regulations applied in the institution, especially about absenteeism.	13.0%	57.4%	**70.4%**	18.5%	9.3%	**27.8%**	1.9%

SECTION E: TRAINING QUESTIONS AND 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 DISAGREE**	**BLANKS**
21.	You are exposed to the necessary training courses to enhance your knowledge, skills and to promote you to a higher position.	12.0%	42.6%	**54.6%**	21.3%	22.2%	**43.5%**	1.9%
22.	Your job description, duties and	25.0%	54.6%	**79.6%**	5.6%	13.9%	**19.5%**	**0.9%**

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	responsibilities are clearly defined and are consistent with your qualifications, knowledge, skills and experience.							
23.	Your supervisors are using motivations and promotional strategies to encourage nursing staff.	13.9 %	33.3 %	**47.2%**	28.7 %	23.1 %	**51.8%**	0.9%
24.	Training opportunities are not available to me on equal basis as to my colleagues at my work place.	19.4 %	31.5 %	**50.9%**	22.2 %	24.1 %	**46.3%**	2.8%
25.	Assessment of employees' job performance is unfair.	19.4 %	30.6 %	**50%**	23.1 %	25.0 %	**48.1%**	1.9%

SECTION F. PROGRESSION QUESTIONS AND RESPONSES.

Q	**The following questions on progression address various factors that cause absenteeism of nurses from work**	**S/A**	**A**	**TOTAL AGREE**	**S/D**	**D**	**TOTAL DISAGREE**	**BLANKS**
26.	You find yourself in which has a negative effect on the progress and development of your career (for example your weaknesses are over-emphasized than your abilities.	16.7%	34.3%	**51%**	17.6%	26.9%	**44.5%**	4.6%

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27.	You receive recognition from your superiors for what you do.	10.2%	29.6%	**39.8%**	29.6%	26.9%	**56.5%**	3.7%
28.	Your find it difficult to progress to a higher post due to your superiors having little or no confidence in what you do.	13.9%	25.9%	**39.8%**	25.0%	30.6%	**55.6%**	4.6%
29.	You receive support from your supervisor when facing an unpleasant situation or seek academic advice.	16.7%	36.1%	**52.8%**	28.7%	15.7%	**44.4%**	2.8%
30.	You attend in-service trainings to keep you informed with updated policies.	9.3%	53.7%	**63%**	19.4%	14.8%	**34.2%**	2.8%

SECTION G: WORKLOAD QUESTIONS AND 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**
31.	You have heavy load of work to finish in time and as a result you experience burnout syndrome.	28.7%	33.3%	**62%**	12.0%	24.1%	**36.1%**	1.9%
32.	You get the work assigned to you that should be done by someone else.	20.4%	28.7%	**49.1%**	22.2%	26.9%	**49.1%**	1.9%

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SECTION H. NATURE OF WORK QUESTIONS AND 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 DISAGREE	BLANKS
33.	You are dissatisfied about the nature (content) of your work for example, is it uninteresting / boring or does not correspond with your aptitude).	16.7 %	30.6 %	**47.3%**	15.7 %	35.2 %	**50.9%**	1.9%
34.	All your good qualities are recognised and used.	12.0 %	33.3 %	**45.3%**	22.2 %	26.9 %	**49.1%**	5.6%
35.	Your task does not demand your continued intense concentration.	9.3%	28.7 %	**38%**	23.1 %	33.3 %	**56.4%**	5.6%
36.	Your initiative and input are appreciated.	12.0 %	38.0 %	**50%**	15.7 %	23.1 %	**38.8%**	11.1%
37.	You sit often in meetings that allow you to raise your concerns without fear of being threatened or ill-treated.	13.9 %	37.0 %	**50.9%**	26.9 %	20.4 %	**47.3%**	1.9%

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38.	Negative motivation is used more than positive incentives at your work place.	16.7 %	33.3 %	**50%**	23.1 %	25.0 %	**48.1%**	1.9%
39.	Your institution has a de-briefing programme in place to comfort you when you went through a traumatizing situation.	13.0 %	35.2 %	**48.2%**	26.9 %	25.0 %	**51.9%**	

SECTION I. SALARY QUESTIONS AND 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**
41.	You are dissatisfied with one or few of the following: pension, medical aid, achievement bonuses (SPMS), salary housing allowance and other aspects of your remuneration package.	31.5%	35.2%	**66.7%**	12.0%	20.4%	**32.4%**	0.9%
42.	Your fringe benefits (for example housing subsidy) ensure your support and security.	7.4%	37.0%	**44.4%**	34.3%	16.7%	**51%**	4.6%
43.	Your salary is appropriate in	13.0%	33.3%	**46.3%**	32.4%	18.5%	**50.9%**	2.8%

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	relation to your duties and responsibilities.							

SECTION J. MANAGEMENT QUESTIONS AND 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**
44.	Your supervisors concentrate on punishing you than improving your job performance and also believe that you are inactive and irresponsible.	16.7%	28.7%	**45.4%**	21.3%	31.5%	**52.8%**	1.9%
45.	You are dissatisfied with one or more of the following: working hours, conditions of employment, communication channels with respect to grievances and complaints and or any other regulations involving personal matters.	17.6%	28.7%	**46.3%**	31.5%	22.2%	**53.7%**	
46.	Your supervisor promotes teamwork with an open door policy and does not display favouritism among the staff.	25.9%	20.4%	**46.3%**	18.5%	34.3%	**52.8%**	0.9%
47.	Your supervisors are very supportive towards you when	25.9%	19.4%	**45.3%**	14.8%	37.0%	**51.8%**	2.8%

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	facing an unpleasant situation.							
48.	Your supervisors' attitudes towards delegation of authority are negative.	13.0%	23.1%	**36.1%**	23.1%	38.0%	**61.1%**	2.8%
49.	You are able to trust and maintain good relations with your supervisor in all circumstances.	14.8%	24.1%	**38.9%**	33.3%	13.0%	**46.3%**	14.8%

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APPENDIX D: QUESTIONNAIRE

Study Reference Number: 2458957 Date____________

My name is **Nompumelelo Dinizulu.** I am currently registered with the University of the Western Cape for a Master's Degree in Advanced psychiatric Nursing in the Faculty of Community and Health Sciences (CHS). I am currently permanently employed by Alexandra Institution for intellectually disabled persons in Maitland. The participants are my colleagues. Permission to conduct the study in Alexandra Institution has been granted by the Head of Health Establishment. Thank you for agreeing to participate in the study of:

Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectual disabled persons in Western Cape.

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. Participation is voluntary and a participant may withdraw at any stage without penalties. Physical and emotional well-being of the staff will be ensured throughout the study.

Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectual disabled persons in the Western Cape.

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Questionnaire

Section A: Biographic information

Please tick an appropriate answer

1. What is your gender?

Male	
Female	
Other	

2. What is your age group?

20-30	
31-40	
41-50	
51-60	
Other	

3. Ethnic group

African	
Indian	
Coloured	
White	
Other	

4. Marital status

Single	
Married	
Divorced	
Widow	
Other	

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5. Nationality

South African	
Other	

6. Employment position

Registered nurse PNB1	
Registered nurse (general)	
Registered nurse (community service)	
Enrolled nurse	
Nursing assistant	
Other	

7. Are you permanently employed?

Permanent	
Contract	
Other	

8. Education level

Masters	
Advanced Psychiatric Nursing	
Degree	
Diploma	
Auxiliary nurse	
Other	

9. What is your length of service in this hospital?

0-5	
6-10	

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11-15	
16-20	
21-25	
26 years and above	
Other	

10. How do you travel to work?

Private transport	
Public transport	
Other transport	

11. Type of ward you are working currently?

Forensic ward	
Female acute ward	
Male acute ward	
Long-term challenging behaviour	
Frail care ward	
Therapeutic ward	
Other	

12. Is the nurse-patient ratio maintained?

Yes	
No	
Other	

13. Do you have dependents?

Yes	
No	

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Other	

14. What are the ages of your dependents?

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

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.

	QUESTIONNAIRE	**S/A**	**A**	**S/D**	**D**
1.	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.				
2.	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.				
3.	Your nature of work has no negative effect on nature and quality of your life.				
4.	Infectious diseases like airborne diseases that require isolation are managed effectively by the organisation.				
5.	Your organisation has security officers that are competent in doing their job to be able to protect both patients and yourself.				
6.	You encounter one or more of the following: extreme noise, gasses, poor lighting, temperature problems, poor infrastructure and other problems that concern your physical working conditions.				
7.	Your necessary job equipment (for example, stationery, computers, tools, electronic and laboratory apparatus are always available.	**S/A**	**A**	**S/D**	**D**
8.	The nature of the furniture and decorations and tea-rooms in your working area create a pleasant working environment.				
9.	The facilities (such as toilets and kitchens) meet your needs.				
10.	Fire extinguishers and alarm systems are visible, easily accessible and in good working condition in case of fire emergency.				

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11.	The outer environment of your institution appears bright and refreshing.				
12.	You find it difficult to deal with social matters (such as socializing in a group and or maintaining good interpersonal relations).				
13.	You have good relations with your colleagues, you trust them, you make good team work and have an ability to maintain social relationships with your colleagues.				
14.	You tend to revert to absenteeism when there is a conflict or when some issues that concern you are not being resolved.				
15.	You are fully aware of the consequences for absenteeism from the work place.				
16.	You are clear about what the meaning of absenteeism.				
17.	You always feel motivated and keen to wake up and go to your work place due to the conducive environment that you work in.				
18.	The personnel regulations (for example, working clothes and working hours) satisfy your needs.				
19.	The Regulations and policies regarding personal matters (for example concerning working hours, conditions of employment, and working conditions) reflect well on the organization.				
20.	You understand working rules and regulations applied in the institution, especially about absenteeism.				
21.	You are exposed to the necessary training courses to enhance your knowledge, skills and to promote you to a higher position.				
22.	Your job description, duties and responsibilities are clearly defined and are consistent with your qualifications, knowledge, skills and experience.				
23.	Your supervisors are using motivations and promotional strategies to encourage nursing staff.				
24.	Training opportunities are not available to me on equal basis as to my colleagues at my work place.				
25.	Assessment of employees' job performance is unfair.				
26.	You find yourself in which has a negative effect on the progress and development of your career (for example your weaknesses are over-emphasized than your abilities.				
27.	You receive recognition from your superiors for what you do.				
28.	Your find it difficult to progress to a higher post due to your superiors having little or no confidence in what you do.				
29.	You receive support from your supervisor when facing an unpleasant situation or seek academic advice.				
30.	You attend in-service trainings to keep you informed with updated policies.				

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31.	You have heavy load of work to finish in time and as a result you experience burnout syndrome.				
32.	You get the work assigned to you that should be done by someone else.				
33.	You are dissatisfied about the nature (content) of your work for example, is it uninteresting / boring or does not correspond with your aptitude).				
34.	All your good qualities are recognised and used.				
35.	Your task does not demand your continued intense concentration.				
36.	Your initiative and input are appreciated.				
37.	You sit often in meetings that allow you to raise your concerns without fear of being threatened or ill-treated.				
38.	Negative motivation is used more than positive incentives at your work place.				
39.	Your institution has a de-briefing programme in place to comfort you when you went through a traumatizing situation.				
41.	You are dissatisfied with one or few of the following: pension, medical aid, achievement bonuses (SPMS), salary housing allowance and other aspects of your remuneration package.				
42.	Your fringe benefits (for example housing subsidy) ensure your support and security.				
43.	Your salary is appropriate in relation to your duties and responsibilities.				
44.	Your supervisors concentrate on punishing you than improving your job performance and also believe that you are inactive and irresponsible.				
45.	You are dissatisfied with one or more of the following: working hours, conditions of employment, communication channels with respect to grievances and complaints and or any other regulations involving personal matters.				
46.	Your supervisor promotes team work with an open door policy and does not display favouritism among the staff.				
47.	Your supervisors are very supportive towards you when facing an unpleasant situation.				
48.	Your supervisors' attitudes towards delegation of authority are negative.				
49.	You are able to trust and maintain good relations with your supervisor in all circumstances.				

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Section C

What are other reasons that you think cause absenteeism of nurses in your workplace?

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……………………………………………………………………………………………………

Thank you for your participation

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APPENDIX E: APPROVAL FOR QUESTIONNAIRE USE: MVUSELELI KOVANE

98 Cardamom Avenue
Bardale Village
Kuils River
7580
12 April 2017

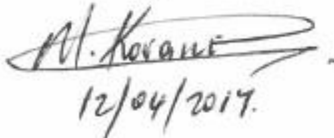
Dear Ms Dinizulu

Re: permission

It is with a great pleasure to inform you that, permission to use my research questionnaire is granted. If any further queries, you are welcome to contact me on mkovane@gmail.com. I hope and trust that, this will assist you to achieve your objectives.

Kind Regards

Mvuseleli Kovane
Bcur(UWC), PGDNur(US), MPA(UWC) PHD Candidate(UFH)
Cell:0785917663
mkovane@gmail.com



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APPENDIX F: EDITOR'S NOTE

Dr. Albert Omulo,
Dullah Omar Institute,
University of the Western Cape,
Private Bag X17,
Bellville, 7535,
South Africa.
3523464@myuwc.ac.za
17 November 2020.

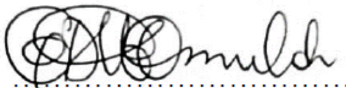
To whom it may Concern:

EDITORIAL SERVICE CONFIRMATION

I, the undersigned, hereby confirm that I provided editorial services for the mini-thesis authored by Ms. Nompumelelo Florence Dinizulu, student no. **2458957**, titled **"Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectually disabled persons in the Western Cape''**.

I can be reached through the contact information provided above for any further enquiries.

Yours faithfully,


…………………………….
Dr. Albert Omulo (PhD)

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APPENDIX G: PARTICIPANT INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2760 Fax: 27 21-959 3686
E-mail: erosant@uwc.ac.za

INFORMATION SHEET

Project Title: Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectually disabled persons in Western Cape.

What is this study about?

This is a research project being conducted by Nompumelelo Florence Dinizulu at the University of the Western Cape. We are inviting you to participate in this research project because you a permanently employed nurse of an institution for intellectually disabled persons in Western Cape. The purpose of this research project is to investigate the reasons why nursing staff become absent frequently from the workplace.

What will I be asked to do if I agree to participate?

You will be asked to answer some research questionnaire which consists of 49 questions. You participate in your own free will. You may refuse or withdraw at any stage of the research. Your protection from harm and emotional discomfort will be ensured. The duration of questionnaire completion will be 20 minutes.

Will my identity be protected if I participate in this study?

The researcher will protect your identity and the nature of your contribution. To ensure your confidentiality, the names of the intellectual disability institution and nursing staff involved in the research study will be protected throughout the study and distribution of results of the study. Your names will not be included on the collected information. The researcher will use codes on the collected information so that only the researcher and a supervisor will know your names. All the documents received that contain research information will be kept in a locked cabinet in the researcher's office. The data in the computer will be protected by a password. If we write a report or article about this research project, your identity will be protected. The research data will be kept for a minimum period of five years in a secure location by arrangement with my supervisor. If one of you is exposed to any form of harm or abuse we will have to disclose the information to appropriate individuals to fulfil our legal responsibility to the designated authorities.

This study will not use focus groups, there will be questionnaire distributed to you.

What are the risks of this research?

There may be some risks from taking part in this research study. Talking with each, talking about yourselves or others may result in some risks. I one of you becomes uncomfortable emotionally, physically or otherwise during your participation in this study there will be resources and appropriate referral to professionals for further assistance.

What will I gain from participating in this research study?

This research is not for your personal gain but the results may help the researcher learn more about self- reported reasons for absenteeism of nurses at an institution for intellectual disabled persons in Western Cape. We hope that, in the future, other people might benefit from this study through improved understanding of causes of absenteeism.

Do I have to be in this research and may I stop participating at any time?

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You may stop at any stage during this research study or you may choose not to take part at all. If you decide not to take part in this study or if you stop taking part at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Nompumelelo Florence Dinizulu in the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Nompumelelo Florence Dinizulu at: 083 3666 488.University of the Western Cape, Private bag X17, Bellville 7535. Email: 2458957@myuwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Ernesta Kunneke
Head of Department: Dietetics
University of the Western Cape
Private Bag X17
Bellville 7535
ekunneke@uwc.ac.za
Prof José Frantz
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-de ansoffice@uwc.ac.za
This research has been approved by the University of the Western Cape's Humanities and Social Science Research Ethics Committee.
REFERENCE NUMBER:

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APPENDIX H: INFORMED CONSENT FORM

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2523 Fax: 27 21-959 2579
E-mail: 2458957@myuwc.ac.za

CONSENT FORM

Title of Research Project: **Investigating the self-reported reasons for absenteeism of nurses working at an institution for intellectually disabled persons.**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name………………………..

Participant's signature……………………………….
Date………………………

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