

Factors contributing to absenteeism of staff nurses at a tertiary military hospital in Gauteng Province, South Africa

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Abstract

The study explores the factors that contribute to absenteeism among the staff nurses at the Tertiary Military Hospital in the Gauteng Province, South Africa. A qualitative explorative research design was used to explore the contributory factors to absenteeism as articulated by participants. The study population comprised all staff nurses who were on the duty roster of each ward. Systematic sampling method was used to select 18 participants from the duty rosters. Semi-structured interviews were conducted using a guide. Tesch's open-coding method was used to analyze data from which two themes and sub-themes emerged. Recommendations were made with regard to management support and staff development. The study found that the factors that contribute to absenteeism of staff nurses at 1 Tertiary Military Hospital include financial constraints, exhaustion and domestic conflicts and social challenges.

Keywords: Absenteeism, staff nurse, tertiary military hospital, staff development.

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Introduction

Absenteeism of staff nurses is a major challenge in health care institutions worldwide, particularly in military hospitals. An adequate number of staff nurses is essential for the implementation of quality nursing care (Harbison, 2004; Johnson, 2006). Therefore, absenteeism of staff nurses from the point of care has adverse effects on patient care, quality nursing care and the institution as a whole, and portrays a negative image of the nursing profession to the public (McHugh, 2001). Sullivan and Decker (2003) stated that patients do not receive the best care they deserve, especially the helpless ones who are totally dependent on nurses. This results in long hospitalization and increased death rates among patients. According to Tai, Bame and Robison (2000), poor personal relations among staff nurses and their immediate workgroups contribute to absenteeism. This is evident by research conducted in Canada by Gellatly and Luchak (2001) and the Canadian Nursing Advisory Committee (2002) who observed a high rate of absenteeism among staff nurses who have no strong personal relations within the immediate workgroup. They further stated that the individual's perception of the norms of absence from the workgroup plays a role in absenteeism and the

staff nurses' understanding of what is normal and acceptable in the workplace depends on the individual personality, but not on the workgroup (Gellatly & Luchak, 2001).

Furthermore, Kass, Vodanovich and Callender (2001), in their study conducted in Florida (USA), highlighted that repetitive tasks caused boredom, which contributed to absenteeism. Across Europe, health care organizations have high rates of reported illness absence among staff nurses in the workplace (Mattke, Balakrishnan, Bergamo & Newberry, 2007). Bhengu (2001), Mngomezulu (2001), Mzolo (2001) and Ncayiyana (1999) affirmed that work-related issues such as low pay, lack of incentives and poor working conditions demoralized staff nurses and prevented them from keeping up with the inflation rate and hence contributed to their absenteeism in South Africa. In British hospitals where staff nurses are overworked and underpaid, the culture of sickness absenteeism allegedly costs the government billions of pounds. British hospitals are also faced with poor staffing levels, which are often aggravated by a high rate of absenteeism among staff nurses (Johnson, Croghan & Crawford, 2003). Lee and Erickson (2001) are of the opinion that absenteeism appears to be high among staff nurses because they have less flexibility in their working time and there is more responsibility attached to their work and, as a result, they lose interest in their work.

Powell (2007) reported that Iraqi army units suffer 25 percent absenteeism at any given time, with soldiers taking leave to deliver pay cheques home, abandoning assigned posts without permission or refusing to deploy when units are ordered beyond their home territory. Commanders boosted manpower assigned to Iraqi units to 120 percent of designated strength to assure enough troops. The National Institute for Occupational Safety and Health (NIOSH) in the United States indicated that psychological conditions are consistently associated with significant increases in absenteeism among military personnel seeking care for Gulf War related health concerns.

Absenteeism of staff nurses can create both physical and mental strain - nurses hurry through meals, work extended hours, abbreviate their interaction with patients and cancel non-work activities because they are expected to cover the unit despite their absentee colleagues (Sullivan & Decker, 2003).

This is borne out by studies conducted by Nyathi (2008) and Bhengu (2001) which indicated a high rate of absenteeism of staff nurses. Likewise, Bydawell (2000) stated that contributory factors to absenteeism of staff nurses were due to minor physical illnesses and personal circumstances such as attending additional jobs. Bydawell (2000) further highlighted that increased work pressure causes physical exhaustion among staff nurses, thus leading to their absenteeism.

Studies conducted in South Africa on absenteeism of staff nurses have shown loss of work hours, productivity, bad staff morale and poor working conditions (Dovlo, 2005; Veriava, 2005; Paulson, 2006). Other research studies indicated additional contributing factors of absenteeism of staff nurses, including qualification, experience, stress levels, health, work commitment, transport problems, and family responsibilities such as taking care of sick children or parents (Engelbrecht, 2000; Siu, 2002; Society for the Advancement of Education, 2000; Hall, 2004; Aldana & Pronk, 2001).

Absenteeism of staff nurses is costly to the organization and results in decreased standards of patient care (McHugh, 2001). Therefore this research sought to investigate and describe the main contributory factors to absenteeism amongst staff nurses at 1 Military Hospital in Gauteng Province, South Africa.

Methodology

Design

Qualitative explorative research methods were used in this study to allow participants to describe factors that lead to absenteeism and to enable the researchers to identify the contributory factors and the level of absenteeism of the participant staff nurses at 1 Military hospital in Gauteng Province, South Africa (Creswell & Plano Clark, 2007), as well as explore the specific practical problems as articulated by staff nurses, namely, factors that contributed to them being absent from the workplace (Denzin & Lincoln, 2003). The research sought to determine plausible corrective measures that could reduce absenteeism among staff nurses at the Tertiary Military Hospital in Gauteng Province, South Africa.

Population and sampling

The target population consisted of all staff nurses who were on the duty roster obtained from each ward at 1 Military Hospital in Gauteng Province, South Africa. A systematic sampling method was used in which every second staff nurse's name on the duty roster was selected as the sample. Participants were selected from the duty roster obtained from 8 selected wards at 1 Military Hospital in Gauteng Province, South Africa. The sample size was 15 participants as guided by data saturation.

Ethical considerations

Ethical clearance was obtained from the University of Limpopo's Medunsa Research and Ethics Committee (MREC). Permission to conduct the study was obtained from the South African National Defence Force Research and Ethics Committee in Gauteng Province, South Africa, Hospital Counter Intelligence

Department, and from the Hospital Research and Ethics Committee. Written permission regarding the use of off duties when selecting the sample, and the use of private rooms to conduct the interviews was also obtained from the ward managers.

Data collection procedure

Semi-structured interviews were conducted in 8 different wards. One central question was asked: “*Can you please explain the factors that influence your absenteeism from your workplace?*” Probing questions followed from the descriptions provided by the participants. Data saturation was reached after interviewing 15 participants, as they were repeating the same information.

Data analysis

Data analysis was done using Tesch’s open-coding method (De Vos, Fouche & Delpont, 2005). Data were broken into discreet parts, examined and compared in terms of similarities and differences. Audiotaped data were transcribed verbatim on paper and transcripts were organized into files and clearly marked or labeled by numbers and markers. Themes and sub-themes were identified with the aim of reducing data into small and manageable sets that could facilitate interpretation and writing up of the final report. Interpretation was done to identify ways in which emerging themes and sub-themes and connections fit together (De Vos & Henning, 2002).

Trustworthiness was ensured by using Guba’s model illustrated by de Vos et al. (2005) and includes measures of credibility, dependability, transferability and conformability. Credibility was ensured by gathering information from participants without helping them and being biased (Babbie & Mouton, 2009). Credibility was achieved through the following procedures: prolonged engagement by investing sufficient time to data collection and thorough elaboration and expansion of the questions on several occasions, and staying in the field until the data have been saturated. Multiple methods were used for triangulation, including literature control, interviews, field notes, voice recordings, transcriptions of the recordings and an independent coder. Dependability was ensured by using an independent coder who wrote a report of the findings and an autonomous decision to participate was ensured to the participants (Babbie & Mouton, 2009). Confirmability was ensured by audit trail done by the independent coder. Follow-up sessions with participants were done to confirm the responses (de Vos et al., 2005; Creswell, 2009).

Results and discussion

Two themes emerged namely, personal and social challenges that staff nurses encountered and the organizational challenges that impacted the quality functioning of the staff nurses. The themes and sub-themes are shown in Table 1, discussion of each theme and sub-theme is substantiated by representative excerpts from the participants' responses.

Table 1: Themes and sub-themes related to absenteeism of staff nurses

Themes	Sub-Themes
1. Personal and social challenges that staff nurses encountered	1.1 <i>Financial constraints</i>
	1.2 <i>Exhaustion</i>
	1.3 <i>Alcohol and drug abuse</i>
	1.4 <i>Domestic conflicts</i>
	1.5 <i>Transport problems</i>
	1.6 <i>Moonlighting and Sunlighting</i>
	1.7 <i>Low level of social relations with peers</i>
	1.8 <i>Family responsibilities</i>
	1.9 <i>Poor team work</i>
2. Organizational challenges that impeded on the quality functioning of the staff nurses	2.1 <i>Autocratic leadership style</i>
	2.2 <i>Long working hours</i>
	2.3 <i>Promotion opportunities</i>
	2.4 <i>Lack of child care facilities</i>
	2.5 <i>Lack of attendance policies</i>

Theme 1: Personal and Social Challenges that Staff Nurses Encountered

The study revealed that participants shared the common view on the personal and social challenges that staff nurses encountered as a contributory factor to absenteeism. Nine sub-themes that emerged included financial constraints, exhaustion, alcohol and drug abuse, domestic conflicts, transport problems, moonlighting and sunlighting, low level of social relations with peers, family responsibilities and lack of team work.

Sub-Theme 1.1: Financial Constraints

The participants indicated financial constraints as a factor that aggravates absenteeism. Staff nurses indicated that they are underpaid and this lowers their morale, regardless of the work that they are doing for the organization. The participants expressed these sentiments as follows:

“We are using transport to come to work and that needs money and with the salary that we are receiving we are not able to support our families and to transport ourselves to work.”

"Low salary scale even when having more experience really demoralises me and think that my years of service are not counted because I end up getting paid like a newly qualified staff nurse."

Several researchers have also found that in South Africa work-related issues such as low pay, lack of incentives and poor working conditions demoralize staff nurses and prevent them from keeping up with the inflation rate, and contributed to their absenteeism (Bhengu, 2001; Mngomezulu, 2001; Mzolo, 2001; Ncayiyana, 1999).

Sub-Theme 1.2: Exhaustion

The participants highlighted that they were working under stressful conditions and they tended to perform non-nursing duties that were supposed to be done by logistic personnel.

One of the participant said: *"Exhaustion usually during operations days because we have to push stretchers in and out of theatre and to also have to continue with ward routine which includes back and pressure parts where we have to lift patients."*

Another participant said: *"Working with senior members who are sending me around the whole day and also for personal reasons, I end-up getting exhausted and not doing the work that I am employed to do. Because when they are sending me I leave my work and go around when I come back I must also continue doing that work. This is because I won't find the work being done or somebody allocated to do it on my behalf, I have to come back and find the work still waiting for me and the time is already wasted by going to buy a coke for my senior."*

Cooper (1999) indicated that stress contributes to the short-term absence of staff nurses in the workplace, and the high incidence of stress-related illnesses among staff nurses results from conflicting roles in the workplace.

Sub-Theme 1.3: Alcohol and Drug Abuse

The participants cited alcohol abuse as one of the main contributory factors to absenteeism among staff nurses, especially during weekend shifts and the first three days after pay day. They further indicated that the only way to enjoy the money that you have worked for is to drink alcohol with friends.

One participant highlighted: *"Alcohol dependence leads to phone in sick meanwhile people are not actually sick, but feel tired due to previous days of intoxication from alcohol."*

Another participant said: *“Alcoholism is also a factor and mostly on the 15th that falls on the weekend and this is mostly on us staff nurses because we go out drinking with friends and because of intoxication we end up forgetting that we were supposed to come and work.”*

Eckersley and Williams (2009) stressed that nurses who abused alcohol or drugs were more likely to be involved in workplace accidents, causing injury to themselves or to their patients.

Sub-Theme 1.4: Domestic Conflicts

Domestic conflict was also indicated as a factor that contributed to absenteeism among staff nurses. Staff nurses indicated that they are social beings who socialize outside the workplace and they encounter conflicts while they are with their respective families and some of the conflicts end up in domestic violence which is a factor that contributes to absenteeism.

One of the participants said: *“You find that I had a fight at home with my partner or a family member, I extremely get affected by that and thinking that I am not going to be productive at work then I just decide to absent myself from work.”*

Another participant stated: *“I am a social being who sometimes encounter social or family conflicts so If I don’t have a close friend whom I can share all this problems with at work I end up not going to work and visit my close friend who will assist me in solving this problems because sometimes I have problems that may need emergency attention.”*

Remsburg, Armacost and Bennett (2002) showed that absenteeism is related to domestic conflicts such as violence at home that results in injuries to the staff nurses and resultant absence from work.

Sub-Theme 1.5: Transport Problems

Staff nurses who were residing outside the hospital also indicated that they sometimes stay absent from work because of transport problems. They also pointed out that sometimes when the taxi came late and they were already late for work, then they decide not to go to work at all. Participants who owned cars highlighted that sometimes when they were ready to go to work and got into their cars and the car did had problems, they decided not to go to work as they were already late to catch a taxi.

One of the participant said: *“Transport issue is another problem you know our places of stay are far away from a normal taxi road and some of us are from Soshanguve, Atteridgeville and some are from Mamelodi so we take almost three*

taxis to get to work and they sometimes go on strike and I end up not having transport to go to work."

Another participant said: *"Lack of buses to transport us to and from work like other members of the same hospital contribute to our absenteeism because I have to rely on public transport and they are now striking time and again so I cannot go to work when they are on strike because I won't have transport."*

Rhodes and Steers (2002) also observed that workers could not go to work because transport may not be available or the vehicle might have a breakdown, or for reasons such as problems caused by heavy rain or slippery roads and strikes. On rainy days floods and storms might have washed away bridges, leading to absenteeism because nurses would not have transport to their workplace.

Sub-Theme 1.6: Moonlighting and Sunlighting

The participants indicated that they are absent from work because they had additional jobs to augment their salaries. They further indicated that the basic salary that they received from their permanent jobs did not meet their needs. The participants expressed these viewpoints as follows:

"My salary really I don't think it correlate with the overworked and I think I am overworked and underpaid. I sometimes go and moonlight just to get extra cash to enable me to cover expenditures expenses and sometimes I decide not to go to my permanent work." Another participant said: *"My salary alone cannot afford all the expenses of the family that's why sometimes I go moonlighting or sunlighting just to get extra cash immediately to cover the expenses and not going to my permanent job because I know every month I have to work certain hours then I will replace the hours lost by being absent."*

Bhengu (2001) found that part-time job obligations contribute to physical and mental strain which, in turn, lead to absenteeism from work.

Sub-Theme 1.7: Low level of Social Relations with Peers

Staff nurses viewed low level of social relations with peers as a factor contributing to absenteeism because they do not have any person whom they can share social problems with while they are at their workplace, and then they resort to staying away from work.

One of participant said: *"Sometimes I have social problems which I have to share with my close friends so that they can help me in solving them. At work I don't have a close friend so I must make a plan to see my friend because at times my*

problems need emergency attention, then I stay away from work and I solve them with my friend.”

Another participant said: “It is difficult to tell anyone about your social problems or any problem that you experience, so the social part of your life is not attended to. We end up not going to work because you ask yourself whom can I confide in, so you stay away and go to a friend somewhere whom you can discuss your problem with because at work you cannot do that. This is because people are not reliable here you cannot trust them with your problems maybe you tell them your problems they will go and tell their friends and you will tend to be a laughing stock in the hospital. This will aggravate the situation of not coming to work because people are discussing you when you pass by and say Jaaaa, that one have got such and such problem as such you stay away and visit your friend who cannot tell anybody about your social problem.”

Poor personal relations of staff nurses with immediate workgroups contribute to absenteeism (Tai, Bame & Robison, 2000). In Canada, Gellatly and Luchak (2001) also discerned that there was a high rate of absenteeism among staff nurses who had no strong personal relations within their immediate workgroup. They further stated that the individual’s perception of the norms of absence from the workgroup plays a role in absenteeism and the staff nurses’ understanding of what is normal and acceptable in the workplace depends on the individual personality, but not on the workgroup (Gellatly & Luchak, 2001).

Sub-Theme 1.8: Family Responsibilities

Staff nurses highlighted that they are family men and women and they are only entitled to three days of family responsibility leave per year and when they are exhausted they cannot be able to take care of their sick family members. Then they resort to staying away from work.

One of the participants said: “Family responsibility leave is only granted to your immediate family, wife, kids and siblings - what if when your grandmother passes away? You know us as blacks mostly we are raised by the grandmother and grandfather so you regard that person as your mother or father, so if that person passes away and you don’t have enough leave days obviously you will stay home because you know they will refuse to give family responsibility leave and I think it is unfair because I regard that person as my mother or father and I will stay home and they will mark me absent, but deep down I know I have fulfilled what is right to me.”

Another participant said: “As Africans when we have challenges like a grandfather or a grandmother passing on we have to be there. Sometimes you will find that I have exhausted all the leave days of family responsibility leave

then an incident like this happen and I have to attend it, then sometimes you just have to absent yourself from the place of work because you have to assist there at home."

Staff nurses experience conflicting responsibilities, of running a household, having to look after family members and working shift systems, which generate a considerable degree of stress leading to absenteeism (Cooper, 1999; Wood, 1999). When they have no more leave days to their credit, staff nurses may resort to absenteeism to enable them to take care of their family responsibilities (Taylor, 2000).

Sub-Theme 1.9: Poor Team Work

The participants indicated poor team work as a contributory factor to absenteeism because some of the senior members come to work and sit the whole day and do not assist them with the routine work. They further stated that senior members only sit and delegate them, but do not help even when there is a need for them to assist us. These sentiments were expressed as follows:

"You find a professional nurse sitting down just relaxing and as a staff nurse you are just moving up and down and you are the only one pushing trolleys up and down and checking patients going to theatre doing vital signs which are some of the things you must be assisted by the professional nurses, but they seem to be reluctant to do that."

"If I feel that the personnel that I am working with gives me stress, like working with lazy people or members who like to dodge now and then in the ward. Then I have to perform most of the tasks alone and this makes me to be exhausted and become unable to report to duty the following day."

Unden (2002) noted that staff nurses who have been absent from work for a total of more than four weeks perceived poor social support in the workplace. The absenteeism of staff nurses could be due to the inability of the nurse manager to encourage teamwork in the workplace (Engelbrecht, 2000).

Theme 2: Organizational challenges that impeded on the quality functioning of the staff nurses

The findings revealed that participants shared a common view regarding the organizational challenges that impeded on the quality functioning of the staff nurses as a contributory factor to absenteeism. The sub-themes that emerged from this theme were autocratic leadership style, long working hours, promotion opportunities, lack of child care facilities and lack of attendance policies.

Sub-Theme 2.1: Autocratic Leadership Style

The leadership style of the nurse manager was underscored as the major contributory factor to absenteeism among staff nurses. Staff nurses indicated that they did not like autocratic nurse managers because they did not listen to their suggestions in decision making. They further indicated that the nurse managers expected them to follow decisions made without making any input. This was expressed as follows:

“I feel undermined when all the suggestions that I make are not taken, even if they may be helpful in decision making, but because they are coming from me as a staff nurse they are not taken and this demoralizes me when I have to come to work.”

“Senior members who use their power and rank so that we can feel that they are in-charge then we end up lacking interest of working with them and as a staff nurse you cannot suggest anything to them they think they are always right.”

Heidenthal (2004) stated that an autocratic leadership style, such as exercising power with coercion over subordinates who do not conform to the manager's standards, contributes to the absenteeism of staff nurses in the workplace. Bennett (2002) stressed that staff nurses who are not given opportunity to use their own initiative perceive their work as boring and lacking motivating potential and this contributes to low morale and absenteeism in the workplace.

Staff nurses also indicated that they stay away from work because they are not involved in planning of the health care programs that they must implement. They further mentioned that the nurse managers use one-way communication, and staff nurses are just told what they must do without being involved in planning.

One of the participants said: *“As staff nurses we are not given opportunities or involved in planning of some programmes, we are just told to implement them whereas we were not involved in the planning phase meaning our ideas are undermined even before we can say them.”*

Another participant said: *“We are not involved or consulted when making Standard Working Policies (SWPs) we are just delegated to perform duties that we were not involved in taking the decisions.”*

Taunton, Hope, Woods and Bott (1999) alluded to lack of communication between the nurse manager and staff nurses as a contributing factor to absenteeism in the workplace. Participants also indicated that they stayed away from work because sometimes they were shouted at and criticized in front of patients and colleagues by nurse managers. They further indicated that this made

patients to lose trust in them and regard them as incompetent because of the nurse manager who did not act professionally when handling issues. These views were expressed as follows:

“I am also a human being, I feel offended when somebody shouts or criticize me in front of other people and it lowers my self-esteem.”

“Unit managers who are always shouting at us they don’t speak to us in a respectful manner, like you talk to your in charge and you get shouted. Sometime they shout us in front of patients, doctors and colleagues and this lowers the morale and lead to phoning-in sick or go to the doctors just to have a sick leave because I don’t want to work with the person anymore.”

Jooste (2010) argued that autocratic nurse managers often criticize subordinates harshly in the workplace and subordinates tended to be afraid to risk new ventures because they could be punished for slight mistakes which may occur during the work activities and this leads to absenteeism. Staff nurses also indicated that they sometimes received negative comments from their managers about their performance and this made them to be absent from work. They highlighted that even if they have made a lot of effort on a specific task they will never receive any positive comment from their managers:

“We are always called lazy and incompetent on whatever we are performing. We have never received a positive comment or an appreciation on the task well performed.”

“Lack of appreciation for the work well done leads to negativity because the management look at bad things and does not appreciate good things done.”

A study conducted by Fletcher (2001) stated that not being praised and having problems solved effectively leads to decreased job satisfaction. McHugh (2001) also reported that nurses were not praised enough for work well done and were spoken to harshly when targets were not met.

Sub-Theme 2.2: Long Working Hours

Staff nurses also cited long working hours as contributory factors to absenteeism because after each shift they were tired when they reached their homes and the following day they were expected to report to work:

“I am staying far away from my workplace and every day I must knock off at 19h00 and I arrive at home at 20h00 and I also have to take care of family responsibility and I am already tired and this puts a lot of strains in my body

because it also needs to rest then I end up giving myself an unofficial off which is staying away from work.”

“Working more hours than requested per week causes exhaustion because of workload we do as staff nurses.”

Lee and Erickson (2001) expressed the opinion that absenteeism appeared to be high among staff nurses because they had less flexibility in their working time and there was more responsibility attached to their work, as a result they lost interest in their work.

Sub-Theme 2.3: Promotion Opportunities

Staff nurses indicated unfair promotion opportunities as a factor that aggravated absenteeism in the workplace. They highlighted the fact that they remained on the same rank for more than ten years of service without any promotion and this demoralized them from going to work because they perceived that the organization did not recognize their services.

One of the participants indicated: *“I have been here since 2003 till today I am still in the very same rank of sergeant and not me alone there are lot of people who have been in this institution for plus minus 24 to 30 years, but they are still occupying the same rank. These are the things that really do not motivate anyone and obviously how will you be dedicated to your work.”*

Another participant said: *“Lack of rank promotion to us as staff nurses lowers our morale and we think that we are not important in this organization that is why the management does not want to develop or give us promotions accordingly.”*

Prelip (2001) and Bennett (2002) also implied that lack of appropriate recognition such as a promotion opportunity and career progression could lead to dissatisfaction and absenteeism in the workplace.

Sub-Theme 2.4: Lack of Child Care Facilities

The participants stated that lack of child care facilities such as a crèche also contributed to their absenteeism because they sometimes have to babysit their children when their helpers are not available. Participants indicated that lack of child care facilities contributed to absenteeism mostly among single parents who do not have partners to share responsibilities with.

“If my helper decides not to come to work I cannot leave my child alone at home and go to work I have to stay behind and look after the child.”

“Single parents like myself I have a little child who needs care, so sometimes I don’t have a nanny or the nanny have some problems. Then you find that I am unable to bring the child to the place of work then I have to absent myself so that I can stay at home and take care of my child.”

Erickson, Nichols and Ritter (2000) observed that staff nurses with children less than six years of age reported a higher rate of absenteeism because they had problems with child care arrangements compared with staff nurses with older children.

Sub-Theme 2.5: Lack of Attendance Policies

Lack of attendance policies was also highlighted as factor because some of the staff nurses were absent from work knowing that they could replace the lost hours. These thoughts were expressed as follows:

“I know that every month I have to work one hundred and sixty hours and at times I encounter problems during the month that makes me to be absent, but every month I make sure that I work the required hours.”

“I get absent knowing that I will pay back the hours required for the month.”

McHugh (2001) presented evidence that absenteeism was due to a lack of emphasis being placed upon the absence policy in the organization. However, Mesrirow, Klopp and Olson (2000), in their study, discovered that staff nurses with attendance problems did not improve their attendance even after implementation of the attendance policy.

Recommendations

Based on the findings of the study it is recommended that:

- Nurse manager should establish a shift system that supports manageable working hours in terms of length and practicality. A flexi-time system or option can be introduced that would allow staff nurses to choose their own shifts, but within the constraints of the required number of working hours per week.
- Nurse manager should ensure a supportive working environment characterized by open and frequent communication, such as, an open door policy that allows staff nurses to approach him/her at any time to raise their concerns without fear.
- Hospital management should also establish and implement a training policy for the development of staff nurses which should include dissemination of developed policies, norms and standards that govern good attendance behaviour. The hospital should also develop an in-service training programme

on ethical-professional behaviour in practice. Such a programme should include the application of absenteeism to the principles of autonomy, the Batho Pele principles, the professional code of conduct, Military code of conduct, the scope of practice and the ethical-legal professional framework related to nursing practice.

- A child care facility within the hospital should be established to encourage staff nurses to come to work knowing that their babies are going to be taken care of while they are working.
- Hospital management should establish diverse career opportunities and options which will enable staff nurses to utilize opportunities for lateral and vertical career moves which would entail recognition and promotion to the next rank.
- Hospital management should develop and implement an Employee Assistance Programme (EAP) whereby staff nurses who are identified as suffering from alcohol or drug abuse, and those who are exhibiting personal and social problems, are provided with counselling services. Staff nurses undergoing such a programme should be offered support by the organization regarding arrangements concerning leave to attend the assistance programme to ensure the maximum benefit of positive results (Goldberg & Waldman, 2000).
- The hospital management should conceptualize a Performance Management System (PMS) for measuring performance standards, job satisfaction and overall service delivery. Salary scales should be adjusted according to experience in the military and not according to the ranks where each and every staff nurse- even a newly qualified staff nurse-is placed on the same salary notch. The occupational dispensation for nurses, including staff nurses, should be revised and aligned with the scales generally applicable to the medical fraternity.

Conclusion

The study concluded that absenteeism of staff nurses at 1 Tertiary Military Hospital in Gauteng Province, South Africa is associated with two constraints, namely, personal and social challenges that staff nurses encountered, and organizational issues that impact the quality functioning of the staff nurses. The factors that contributed to absenteeism of staff nurses at 1 Tertiary Military Hospital are further articulated as: financial constraints, exhaustion, alcohol and drug abuse, domestic conflicts, transport problems, Moonlighting and Sunlighting, family responsibilities, autocratic leadership style, lack of social relations with peers, long working hours and poor team work.

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