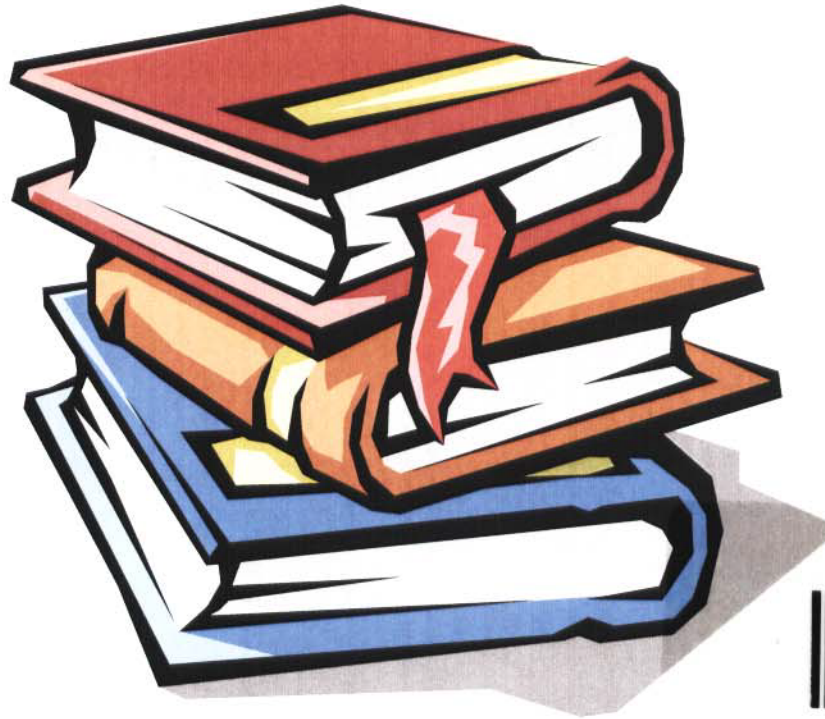


# RESEARCH REPORT

**“SICK LEAVE ABSENTEEISM WITH SPECIFIC REFERENCE TO NURSING PERSONNEL: A CASE STUDY OF POLOKWANE/MANKWENG HOSPITAL COMPLEX”**



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## **DEFINITIONS AND CLARIFICATION OF TERMS:-**

- “Absenteeism” broadly means any time spent away from scheduled work (Gillies, 1989:319)
- “Feasibility” means anything that is practical and possible (The pocket Oxford Dictionary 1996: 268).
- “Employee” means any person who holds a permanent post on the fixed establishment of the public service.
- “Normal Sick leave,” indicates 36 working days sick leave with full pay in a three-year cycle granted to Employees in the public service (Resolution No 7 of 2000:7.4).
- “Resolution” means formal expression of opinion by legislative body or public meeting.
- “Incidental sampling” mean the available subjects that are simply entered into the study until the desired sample size is reached.

## **ABBREVIATIONS**

The following abbreviations are hereby explained:-

PSCBC: Public Service Co-ordinating Bargaining Council

PMHC: Polokwane Mankweng Hospital Complex

CPN: Chief Professional Nurse

SPN: Senior Professional Nurse

PN: Professional Nurse

OPD: Out Patient Department

No: Number

E.g: For an example

PAS: Public Administration and Standards

CEO: Chief Executive Officer

PHC: Primary Health Care

MVA: Motor Vehicle Accident

ICU: Intensive Care Unit

MMedical: Male Medical

MSurgical: Male Surgical

FMedical: Female Medical

FSurgical: Female Surgical

Gynae: Gynaecology

## DECLARATION

I declare that the long essay submitted to the University of the North for the degree of "Masters in Public Administration" has not previously been submitted by me for a degree at this University or any other University. This certifies that the research is my own work in design and execution, and that all material contained therein has been acknowledged.

Signed:  .....

Date: *30. May 2005* .....

## **ACKNOWLEDGEMENTS**

When I first registered for the MPA Course at this University, I had all the passion, the vision and dedication to that. I hoped to complete all the course work as well as the long essay on time and as required by the University. The first and second years of my study went on well until I was faced with a mammoth task of a research proposal and later on a long essay.

I lacked the strength of just starting but fortunately I had around me a person of Mr Kanyane's calibre, who became my mentor and motivator towards compiling and completing my essay. Mr Kanyane spelled out the importance of me completing the research, and assisted me to sketch out the research proposal format that would be acceptable to the TGSL's Senior Higher Degree Committee according to the University standard. Through that, my proposal was approved, and I was allowed to start with the remaining load of the research report.

Many thanks go to Prof. Nkathini, my mentor and my inspiration. He really empowered me with the knowledge that I have presently. My supervisor, Professor Van Der Merwe, could never be forgotten for his major contribution towards this report.

I wish to also give my sincere thanks to Polokwane/Mankweng Hospital Complex (PMHC)'s Senior Management for granting me permission to conduct this research, which involved most of the nursing personnel in the majority of our Complex units and wards.

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To my family:-

To Harold, my husband, who has been supportive throughout my studies and also made it possible for me to reach out for achievements beyond the expected. His patience lives much to be desired, even when the bright light was on throughout the nights, he continued with his patience.

My daughter Adelaide: Her motivation towards me compiling this report, made me to see the light through the tunnel. To my sons Sifiso and Sipiwe, who compromised their childhood and endured my absence from our close family unit many times when they would have preferred my nearness.

Thanks giving appreciations are heavily passed to the Lord my God for inspiring me to walk through this journey to the last hour.

All the other contributors to this research whom I was unable to mention above, are highly acknowledged and thanked.

## **EXECUTIVE SUMMARY**

The quality of Care rendered at Mankweng and Polokwane Hospitals is severely affected by shortage of nursing personnel, which is also worsened by a high rate of sick leave. Management of sick leave by Supervisors and Managers in all Complex Units and hospital wards is of great importance.

This research study aimed at finding out about the roots of the causes of absenteeism resulted from sick leave also investigated the knowledge of employees with regard to the number of sick leave allocated to them in a three (3) year's cycle. The study conducted also wanted to get to the root of implement-ability of the policy imposed by the department with regard to sick leave.

The reason behind the above- mentioned statement was for the researcher to influence and make recommendations to policy-makers to review sick-leave allocation to employees affected by the legislation, also to:

- Find out whether Nursing personnel have adequate knowledge and information on Public Service Co-ordinating Bargaining Council (PSCBC) Resolution no.7 of 2000 on sick leave absence.
- The study was influenced by the increase in sick leave among nursing personnel at the Polokwane/Mankweng hospital Complex, which made it very difficult for supervisors to plan for the quality nursing care programs appropriately.

According to sick leave policy only thirty six (36) days are allocated to each employee per three years cycle. Therefore the study:-

- Attempted to investigate the strategies, which can be developed to overcome this absenteeism rate in future.

At the end of the Project if the recommendations made are considered by the Provincial Managers:-

- Both the Organisation, and the employees of the department and the clients served, will benefit from the outcome of this project.
- Employees will have job satisfaction; be highly motivated, productivity level increased.
- The organisation would then render quality patients care.

Both qualitative and quantitative research approaches, were used in the study. Data gathering methods and techniques used are; questionnaire and interview. Manual data analysis as well as use of technology became the core methods of ensuring that the information collected was correct and up-to the required standard.

The study therefore targeted Nursing Personnel of both Polokwane and Mankweng Hospitals which render both Tertiary and Academic levels of Care to all local referred patients from all hospitals in Limpopo Province (43 hospitals, 6 provincial, 3 specialised psychiatric hospitals and 34 District hospital).

The research study is structured into seven chapters. The first chapter introduces the research theme in general and provides the statement of the problem together with the objectives of the study. It furthermore explored the reasons why the study was important to conduct, and pointed out lack of relevant knowledge of certain employees with regard to sick leave.

A hypothesis has been formulated to give the researcher direction pertaining to the outcome of the study results. Research questions were formulated and are found in this chapter (chapter one).

In the second chapter, a literature review indicated how some of the authors and theorists viewed sick leave absence and also discovered mechanisms of motivating personnel in the working environment. The third chapter dealt with research methods and provided the study design, population for the study, sampling methods, and data analysis techniques. Then the fourth chapter discussed the findings of the study and how they were interpreted, while chapter five (5) concentrated on conclusion and recommendations. The last chapter is six (6) for references/ list of sources used in the research study.

**Appendices attached at the end are:-**

- A letter to Complex Managers summarizing the research study.
- An acknowledgement letter to participants
- Questionnaire used in the study
- Structured interview format used.

**LIMITATIONS OF THE STUDY**

- Employees in Institutions were never consulted about the changes of sick leave days (reduction) by policy makers.
- Most employees were not aware of the previous legislation/policy with regard to sick leave.
- Time constraint: the researcher did not have much time for the study due to the demand of her new job.
- The distance between the Superior and Researcher's residential stations (Pretoria and Polokwane).
- The study did not cover other sections, but only nursing.
- But apart from that, there are problems, which have been identified with regard to sick leave absenteeism at PMHC; as a Tertiary Institution.

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# CHAPTER 1.

## 1. INTRODUCTION AND BACKGROUND OF THE STUDY/PROBLEM.

Public personnel administration, like any other aspect of public administration, has rules and regulations which direct the diverse categories and levels of employees on how they are expected to function in a public institution/organisation.

Managing resources is a purposeful action of the human resources department aiming at assisting managers at all levels to optimally utilise personnel who are under their control in accordance with the official organisational policy to achieve the goals of the organisation. Although managers are faced with various challenges in their departments which hamper productivity, efficiency and progress, they remain accountable for a job not done according to standards and goals set. In order to meet those set standards and goals, the manager must be able to control employee's absenteeism and its causes. Absenteeism can be divided into two types, namely:- unavoidable and voluntary absenteeism.

The study focuses on unavoidable type of absenteeism among nursing staff at Polokwane/Mankweng Hospital Complex, which is in this case, normal sick leave. With absenteeism resulting from sick leave, it is difficult for the manager to plan and organise routine duties in the department, but he/she is expected to re-arrange those activities according to human resource availability at that time. Resolution no.7 of the year 2000, Public Service Co-ordinating Bargaining Council, emphasizes the improvement in the conditions of service of public service employees as an agreement reached in the Public Service Co-ordinating Bargaining Council (PSCBC). The agreement includes control and management of all kinds of leaves. In this study, the focus is on item number 7.4, normal sick leave that will be discussed.

In this chapter the statement of the problem will be indicated, aims and objectives of the study will also be highlighted; motivation/ rationale, research methodology, as well as the significance of the study will be detailed. A structured questionnaire has been designed (see appendices) to ensure validity of the results at the end of the study. The study is to be conducted at Polokwane/ Mankweng Tertiary and Academic Hospital Complex, which cater for direct patients as well as those referred from Regional and some of the District hospitals in the Limpopo Province.

### 1.1. PROBLEM STATEMENT

This study proposes to investigate pattern of absenteeism among nurses with regard to sick leave as stipulated in Resolution no.7 of the year 2000, Public Service Co-ordinating Bargaining Council.

This will assist in coming up with concrete data leading to the review of the said legislation, to enable Nurse Managers to effectively and efficiently manage nursing personnel at Polokwane/Mankweng Hospital Complex as well as in other institutions and public departments in the future.

Resolution No 7 of 2000, 7.4 (Improvement in the conditions of service of public service employees for 2000/2001 financial year) of the Public Service Coordinating Bargaining Council (PSCBC) explains how normal sick leave should be utilized in the Public Service. Item (d) of 7.4, emphasizes that an employee shall produce a medical certificate at the request of the employer where a certain pattern has been established. This aspect is very difficult for managers to address, as most of nursing personnel go beyond the approved number of sick leave and they even find themselves requesting an extension with temporary disability days. This is also the case in the Hospital Complex.

Item no (e) indicates that, unused sick leave credits shall lapse at the end of a three year cycle, creating a flexible environment that takes into account both the operational needs of the organisation and the needs of the employees (White paper on Human Resource Management in the Public Service, 1997: 8). Where employees are happy in any given situation, the tendency is that sick leave becomes reduced and productivity increases as proven also in the hospital complex.

Chapter three of Government Gazette, 5 December 1997 (Basic Conditions of Employment Act, 1997) section 3, specified that an employee is entitled to one day paid sick leave for every 26 days worked.

Section 5, highlight that “subject to section 23”, an employer must pay an employee:-  
(a) The wage the employee would ordinarily have received for work on that day and  
(b) On the employees usual pay day.

This statement encourages certain Public Officials including some of the Nurses to actually abuse the system by deliberately faking sick or those who become really sick, find themselves going beyond the official allocated days, **“thus absenteeism among nurses negatively affects the delivery of health services”** and it is on this reason that the study is premised.

## 1.2. RESEARCH QUESTIONS

- What are the main causes of sick leave, and how to address them?
- What is the sick leave pattern?
- How can sick leave be managed?
- Are the nurses informed about the new resolution (Resolution no 7 of 2000) pertaining to sick leave?
- How feasible is the implementation of the official sick leave pattern?
- What are the implications of sick leave on service delivery?

### 1.3. AIMS AND OBJECTIVES OF THE STUDY.

The objectives of the study are to:-

- Investigate problems encountered by nursing personnel with regard to service conditions and implement mechanisms of resolving them.
- Determine how nursing personnel understand and interpret the legislation pertaining to the number of sick leave days granted to them with full pay in a three years cycle; ensuring adequate information on the available legislation to beef up service delivery
- Also come up with concrete data that could lead to the periodic review of this legislation and thus enabling managers to effectively manage nursing personnel in the Complex as well as in other Public Institutions in the Province.

### 1.4. RATIONALE/MOTIVATION FOR THE STUDY

The study was conducted to find out how Nurse Managers at various levels of operation in the Hospital Complex, address problems related to sick leave absence and also how they go about controlling nursing personnel on sick leave. This is extremely important because sick leave is viewed as a problem due to the fact that no person knows when will one get sick and be absent from work. Also it is a problem because the manager is not able to properly plan/schedule on and or off-duties. It may be that the problem results from the number of sick leave days allocated to each individual in a three year cycle, which has been reduced tremendously from 120 to 36. Most nurses exceed the allocated days if they undergo surgery and are done major operations or if they deliver through a caesarean section, as they need at least one month (30 days) to recuperate/recover well. Officers find themselves utilizing all the days including those days put aside for temporary disability. This indeed poses a problem also to individuals who suffer from chronic illnesses like HIV/AIDS, as they need more days of recovery before they resume their duties. That is why there is a need to conduct this study to eventually come up with strategies to resolve the above-mentioned problems.

The study was conducted at Polokwane/Mankweng Hospital Complex, which is a tertiary as well as academic institution for the inhabitants of the Limpopo Province. The tertiary complex is established from combining two hospitals (Polokwane and Mankweng), **to cater for patients from all regional hospitals, other district hospitals and some of the direct patients, in the Province** (Complex strategic plan document 2000: 1). This option was chosen **to improve productivity, efficiency** and to cut on transport costs during transfer of patients to other provinces e.g. (Gauteng); and was implemented in line with Provincial policies on Transformation of the public service (The White paper).

The Hospital Complex serves  $\pm$  5 million patients and clients of the Limpopo Province population. The two hospitals are 30km apart, with one management structure and the following bed occupancy information: -

INFORMATION	POLOKWANE	MANKWENG	TOTAL
Intensive Care Units beds	06	12	18
Operating theatres beds	05	7	12
Neonatal		65	65
Labour ward	18	42	60
Other units/wards	391	333	724
Number of beds	410	459	869

**Table 1.1. Total number of available beds in critical areas and other areas.**

CATEGORY	POLOKWANE	MANKWENG	TOTAL
Manager Nursing	1	1	2
Deputy Managers	3	3	6
Professional Nurses	245	268	513
Staff Nurses	20	143	163
Nursing Assistants	103	30	133
TOTAL	372	445	817

**Table 1.2. Available Nursing Staff per category in the Complex in February 2003**

In the year 2000, the Public Service Co-ordinating Bargaining Council (PSCBC) released a document titled Resolution No.7 of 2000, on improvement in the conditions of service of Public Servants Employed for 2000/2001 Financial year. The document was done and signed at Benoni on the 28<sup>th</sup> September 2000, by both representative/s of government and employee parties. Although **not** all employee party representatives signed the document, the majority over-ruled the minorities and the document was to be implemented from 1<sup>st</sup> July 2000.

The employer and employee parties agreed on the terms set out as follows:

- To establish processes to develop new, more equitable benefits, career paths and pay progression for all employees in the public service.
- Also to establish a framework for restructuring of Public Services.
- To provide for the annual wage increase for public service employees for 2000/2001 financial year.

The agreement applied to the employer and employees who are employed by the State and who fall within the registered scope of the PSCBC.

Before July 2000, the Personnel Administration and Standards Document (PAS) of 10<sup>th</sup> June 1994, was used as a reference document in terms of control of all types of

leaves including sick leave. During that period, employees were granted 120 days of sick leave in a cycle of 3 years with full pay. A medical certificate from a registered medical practitioner was required to justify the employees' absence from work, if three or more days were taken as sick leave which is still the case even today. Unused sick leave credits were forfeited at the end of that three year cycle. During the review period of the old Act and the introduction of the implementation of Resolution No.7 of 2000 of the Public Service Co-ordinating bargaining Council (PSCBC), review of a normal sick leave cycle was also considered.

Item No.7.4 of the agreement document on normal sick leave; indicates a change in the number of working days' sick leave with full pay as 36 in a three-year cycle, which differs from the previous cycle (a difference of 84 days). Since its introduction and implementation, **some nurses at all levels of nursing in the Complex, failed to comply with the requirements of the document.** Therefore, **the study attempts to find the cause-effect relationship of the problem and how it impacts on service delivery.** This study therefore wishes to find out how absenteeism resulting from sick leave can possibly affect delivery of services in the complex and also find out about the feasibility of implementing National Laws especially resolution number 7 of 2000 of the Public Service Co-ordinating Bargaining Council.

## 1.5. SIGNIFICANCE OF THE STUDY

The research will contribute to the review of absenteeism caused by sick leave mentioned, as well as the Act, to enable managers and supervisors to effectively manage their personnel at all levels.

- The outcome could be rolled over to other Institutions/Provinces and even National.
- To enable nurse managers at different levels of operation, to administer and manage leave accordingly in their areas of work, to prevent public officials to unnecessarily apply for disability, be it temporary or permanent.

## **1.6. HYPOTHESIS**

If the pattern of sick leave can be reviewed, and the number of sick leave days increased from 36 to 90, then absenteeism resulting from illnesses would be reduced among nursing personnel.

## **1.7. SUMMARY**

Pattern of leave among public employees is an aspect of Human Resource Management, which needs to be looked into closely. Employees, who absent themselves from their work without any reason, must not be ignored but are to be dealt with accordingly. This is what the study is aiming to achieve at the Polokwane/Mankweng Hospital Complex.

Sick leave pattern like other absences must be managed according to the statutory requirement as well as Institutional Policies and guidelines. It is important that nursing personnel and all employees of the department are informed about the new public legislations, as yardstick for a quality service. The feasibility of implementing sick leave according to resolutions and legislations must be studied to ensure that everyone abide by these rules.

## CHAPTER 2

### 2. LITERATURE REVIEW

#### 2.1. INTRODUCTION

It is of vital importance for the researcher to scrutinise and contextualize issues under discussions from relevant sources related to the study. This will have a great advantage of confirming such discussions to a delineated specific field of study, thereby ensuring that the interrogations are focussed. The study under discussion, examines data about pattern of sick leave absenteeism among nursing personnel at the Polokwane/Mankweng Hospital Complex.

#### 2.2. VARIOUS SOURCES

In the Hospital Complex, guidelines indicate that, any employee who does not make it to work must therefore report that absence to his/her supervisors, at least before 10h00. Although personnel are aware of that, it sometimes becomes very difficult to practice accordingly especially for those who reside in remote areas with no telephone lines to comply with such guidelines.

For the purpose of validity of the results pertaining to this study, one had to look into various sources with similar or different opinions as follows:-

Megginson in Andrews (1995:222) supports this research study by indicating that absenteeism is a serious problem that is progressively increasing. He warns that absenteeism can in fact be caused by unforeseen circumstances, such as physical or psychological disorders. He suggests that sick leave must be controlled and disciplinary action to be taken if abused. Expected circumstances are, for example, carelessness or a lack of discipline. On the other hand, Gillies, 1994:285, indicates "According to disability theory, employees absent themselves from work principally due to illness or injury that physically incapacitates them. Employees will absent themselves for even minor health problems such as alcohol and drug abuse, colds, allergies, low back pains as well as for fractures; and serious life threatening illnesses." In his argument, it is also mentioned that Industrial studies show no relation between a worker's illness, absence and the amount of overtime worked, but a correlation has been found between unexcused absence and "**double jobbing**", which means that someone is employed by more than one employer resulting in exhaustion. This is also the case with the Hospital Complex, where employees do moonlighting in private institutions and come back to their original employment being exhausted, especially those with special qualifications like theatre technique, intensive care unit and trauma care.

Taylor, 1968 (in Gillies 1994, 286) mention that, workers with high illness or absence rate usually demonstrate excessive tardiness as well. They either come late at work or become extremely inactive. In this literature, it is mentioned that the most common cause for illness are respiratory diseases, gynaecological disorders and back problems. To support this information, at Polokwane/Mankweng Hospital Complex, nurses suffer from such illnesses like infertility, pneumonia resulting from HIV/AIDS illnesses. It is also indicated that a study performed in the Veterans Association Health System revealed that the most

common work-related injuries were back and leg injuries associated with lifting and pulling (Hefferin and Hill, 1976). This is also noticed at the Complex. It is mentioned that because health and illness are on a continuum and a worker's decision that she or he is too ill to work, is not determined solely by a physical condition, **the manager should improve those aspects of work environment and work design that are known to decrease employees' work motivation.** The issue of Legislation and discussions by government departments with only a small section of employee's representatives may be contributory towards this problem. This can be achieved the use of a democratic style of supervision and also maintaining open communication with subordinates. Tea parties to celebrate one's birthday, are an ideal situation.

It is also mentioned that Administrators in one medical centre were able to reduce health care employees' traditional vacation. Holiday and paid sick leave were combined into two accounts: a paid leave account and an extended illness account. Employees were allowed to take paid leave days at their own discretion, subject only to the supervisor's approval. Employees were also allowed to take extended illness days only with medical validation of illness and only after all time in the paid leave account, had been exhausted. Both the paid leave and extended illness accounts were incremented at every two-week day period, and the current balance in each account was printed on the employee's paycheck stub. In the Public sector, it is also implemented in that manner, except that there is paid temporary disability, also as an extension. Following the implementation of the combined leave benefit program, there was a 90 percent reduction in employees' unscheduled absences and a 54 percent reduction in the use of overtime hours. Another advantage of the combined leave benefit program was saving of managerial time because there was less need for last minute schedule changes to cover for employees who called in sick, and less need for close supervision of replacement of workers who were unfamiliar with the tasks they had taken over for an absent co-worker (Scheneller et al, 1982, in Gillies 1994, 289).

It was also discovered that a primary cause of absenteeism amongst Nurses in a Southern hospital system was **lack of suitable child care facilities**, of which the solution was to provide on-site day care centres and sick day facilities for children of hospital employees (Miller and Norton, 1986 in Gillies, 1994: 289). At both Mankweng and Polokwane Hospital, there are crèches, which accommodate children from 18 months old. In addition, Polokwane also has a pre-school. According to Booyens (1995:350), control of sick leave abuse must be done through **monitoring of sick leave pattern of all employees** with particular attention paid to high frequencies of single days off and the use of first or last work days for sick leave as well as days before or after holidays and pay days. It is emphasised that supervisors should use own discretion in asking for a medical certificate as proof of illness or in paying an unexpected visit to the home of the sick employee when they became suspicious. Employees also should be made to indicate their reason for absence on a leave form when returning to work. This provision is available at the Complex. Managers should take disciplinary steps when an employee's number of sick leave incidents (Not days) exceeds five per year (Levesque, 1992 in Booyens, 1995: 350). Supportive evidence must be produced to ensure that sick leave is not being abused. At the Complex every sick leave absence is accompanied by medical sick leave note/ certificate for control purposes.

Dalton and Mesch in 1991, (in Spector, 2000: 237) did a mini Survey where subjects were asked to classify their absence into one of the two categories: due to illness or due to other circumstances. It was found that the two types of absences had different correlates. Absence due to illness, but not other circumstances, was related to job satisfaction and gender, (the dissatisfied respondents and women were ill more frequently), whereas absence due to other circumstances was related to job tenure and absence policy. These

results suggested that the different types of absences had different causes that might be reduced with different procedures.

According to (Spector, 2000:264-266), there are employees and organisational factors that have been associated with **accidents** as causes of illnesses affecting employees' performance, and these include personality characteristics (e.g. Neurotism), experiences (e.g. recent death in the family), and behaviours (e.g. alcohol consumption, smoking or drug usage). These illnesses can only be addressed through **proper selection** of employees as well as **training of personnel**, to the design of the workplace. There is a Human Resource Nursing unit at both campuses, which specifically address recruitment and training issues of nursing personnel.

Moorhead & Griffin (1989:89-90) mention that, when people are dissatisfied with their jobs, they are more likely to call in sick even when they are fine and healthy and may even leave the organization for more attractive jobs elsewhere. Conversely it is said that when employees are satisfied, they come to work more regularly and are less likely to seek other employment elsewhere. There is a tremendous turn-over at the Complex of nurses who leave for other provinces and overseas countries like Saudi Arabia, Ireland and Britain.

French, (1989:110) indicates that:-Illness or accidents, family responsibilities and transportation problems are major influences on attendance and are associated with job satisfaction/ Job attendance; and should not interfere with coming to work. Sick leave forms part of absenteeism according to Kossen (1994:185) as he indicates that a certain pattern of absenteeism is of course unavoidable because of sickness, and other valid reasons. Sickness is one of the contributing factors to absenteeism at work and therefore according to Gerber, in Nel et al "the human resources practitioner must stay sensitive to the fact that people get sick, and that might prevent them from attending work. However, it is indicated that, for various reasons, people do abuse sick leave granted to them by the organisation"

There are underlying reasons and dynamics why sick leave problems are perpetuated at work:

- Unmet expectations: Nel et al (2001: 582), indicates that new employees enter into an organisation with certain expectations relating to skills and abilities, equal treatment, receiving respect or satisfactory working conditions. If these aspects are not met, it is said that the employee could abuse sick leave as a mechanism to withdraw temporarily from the job situation.
- Job-Person Match: If an employee's personality, abilities and skills are not congruent with job requirements, the person becomes either bored or stressed out and withdraws from the situation by being absent.
- Organisational Culture: If a permissive culture exists within an organisation regarding absence, employees will consider sick leave as a benefit that needs to be utilised, or else it will be lost. As a form of absence, sick absence occurs when a person is absent owing to a reported illness, whether genuine or not. The company policy will clearly have to state at what stage a medical certificate is required.

Taylor in Flippo (1984:534) conducted a study which revealed that, during the period 1977-1979, the overall rate for absenteeism for all occupations was 3-5 percent, with two thirds ( $\frac{2}{3}$ ) of this being caused by illness. Further on, it is indicated that when sick pay is authorized, the organisation cost mounts up more rapidly due to upset and delayed work schedules, deterioration on the quality product and overtime required to make up the work.

Professor P.J. Taylor of London University (Bittel and Newton, 1990:324) observed that 60 percent of all absentees have serious or chronic illnesses and 20 percent have acute, short-term illnesses such as flu; and 10 percent feel unwell because of minor illnesses such as colds, and they do or do not report to work according to their attitude about their jobs.

According to Andrews, (1995: 221-222), misuse of sick leave is considered to be among the overriding problems of absence from work. The reason why employees find themselves sometimes guilty of this action is due to the following:-

- Inability of employers to reconcile the objectives of their employees with those of the institution. The fact of the matter is that, every employee who comes to an organization has his/her own objectives, missions, visions, beliefs and goals to attain in a long run; but gets most frustrated when they are not met as planned. This is where employer employee relationship gets broken up and the employer taking a decision to implement organisation objectives without necessarily considering that of an employee. Consultation seems to have been minimal when a decision was taken over implementation of the regulation on sick leave.
- Employees, who cannot identify themselves with the institution, lose interest and can become guilty of certain offences if not conscious.
- If an employee does not display the correct attitude towards his/her work, he/she will not necessarily feel guilty if he/she is absent from work without a good reason. This is why certain employees decide to take sick leave and not vacation leave because vacation leave days are converted into money when one retires.
- Personnel values and norms can have an influence on employee's working behaviour. If the standards of honesty and incorruptibility are not highly rated by an employee, absenteeism and the misuse of the sick leave will be considered acceptable actions.
- Certain employees assume that paid sick leave which is granted to employees as a fringe benefit, should be utilised whether they are ill or not. Due to this reason, sick leave is considered by some workers to be extra free time.
- Official sick leave awarded to employees, is enjoyed by the Public Employees and can often be a contributory cause of absence from work without a reason because employees assume that they cannot be easily dismissed from their jobs and thus have the right to stay away from work.

Booyens (1993:349) indicates that the regular absentee will use her maximum sick leave and will always complain about aches and pains. In this case the supervisor must emphasize the fact that the employee causes problems for the rest of the Nursing team and avoid any discussion of symptoms with her/him. Tomey (1996:374-375), asserts that absenteeism is actually **a side effect of personnel problems** and further indicates that ineffective management poor working relationships, boredom, lack of control over decisions affecting one's life and overwork, are also contributory factors to sick leave.

Some workers lack self-discipline to get themselves to work. Others absent themselves to avoid an unpleasant or boring job. Some are poorly motivated, do as little as possible to prevent being fired, and do not see their job as a means towards an end. Abusive absenteeism may be used to get away with a manager. Some personnel are exhausted from overwork, have lost their enthusiasm for the job, or are burned out.

Managers should make sure that there are attendance policies available and also that the policies do not reward non-attendance but are enforced consistently. Also it is emphasized that attendance records should be maintained, and grievance procedures to be established. It is a practice at the Complex where all nurses sign on when coming to work and off after they have performed a day's work. Traditional sick leave policies have rewarded employees for absenteeism and have also encouraged them to be dishonest to collect sick pay or be punished for losing it. It is indicated that employees who receive sick pay are absent considerably more than those who do not. Some agencies have required a physician's sick certificate before an employee can receive sick pay to decrease the dishonest use of sick time. Most people are sick only 1 or 2 days at a time and therefore some hospitals do not compensate for the first two days of any sickness. It is not compulsory in the Limpopo Province for the employee to fill the forms for one or two days leave, but absenteeism data is collected and analysed to determine trends and patterns of individuals and personnel in general.

Recording the day of absence, the reason and whether excused or unexcused, day of the week, preceding or following a day off, the employee's job classification, shift, age, sex, marital status, or any other information, is thought to be useful to detect trends and pinpoint problems. Further-on absenteeism often occurs more frequently in certain job classification or departments, on specific days or shifts, or among a group working under a specific manager. Problems therefore need to be identified so that managers can develop control measures.

Failure to report at work as expected creates problems of widely varying degrees for managers and administrators (Robbins 1998: 24). It is also regarded as absenteeism which can be defined broadly as "any time spent away from scheduled work" (Gillies, 1989: 139). Absenteeism results in drastic reduction in the rendering of quality services with very little output which at times could bring about a complete shutdown of production (Carrel, et al. 2000:570). It is obviously difficult for an organisation to operate smoothly and attain its objectives, goals & mission, if employees **for any given reason**, absent themselves from work.

#### ABSENTEEISM IS CAUSED BY THE FOLLOWING REASONS:-

Absenteeism today is generally viewed as the most complex employee problems. According to Carrel, it is possible to isolate variables that influence decisions to attend work; and the following factors contribute to absenteeism in the workplace

- **Personal factors.** These include age, gender, and marital status, length of service, education, and health and income level. Employees who are single and younger than thirty years for example; have little commitment, as most are not yet married and do not have families. Also those who are longer than ten years in the service, are found to be more responsible than those who think they have nothing to loose and can absent themselves from work at any time.
- **Organisational factors;** Indicates organisational size, work group size, nature of supervision, overtime, incentive schemes and type of work. In small

organisations, employees have fewer challenges and get bored thus become tempted to be off duty. Poor supervision encourages absenteeism in all aspects. Employees move in and out as they wish without anyone correcting checking on their movements. Proper records are usually not kept to see who is in and who is not in. Overtime without incentives is usually not welcomed by employees as they misconstrue it with exploitation. A tendency of employees absenting themselves immediately after overtime is done is commonly observed.

➤ **Attitudinal factors.** These include job satisfaction and the state of economy. Job satisfaction usually encourages employees to come to work frequently. They are motivated and see the value of coming to work always. Also if employees are well paid, they shall be at work as expected

➤ **Social factors.** Inadequate transport system, difficult townships and hostel violence (Carrel, et al. 2000:570).

Where there is proper infrastructure like roads and railway lines, employees do not have problems of coming to work.

Some reasons for absenteeism identified are: -

- That normal recuperation period after a major surgical operation is normally 42 days (6 weeks), post abdominal, and others.
- That Nurses also, like other people, are affected by the HIV epidemic and become admitted or booked off sick for more than 2 months in hospital or being at their homes.
- As the majority of Nurses are females, this group has proved to be the one that is seen not to comply with the requirement of the new legislation.

The information on sick leave is also found in Section 22 of the Basic conditions of employment Act 1997.

Item one [1] of this section indicates that, "Sick leave cycle" means the period of 36 month's employment with the same employer as follows:-

- (a) An employee's commencement of employment, or
- (b) The completion of that employee's prior sick leave cycle (Basic Conditions of Employment Act, 1997:22)

### 2.3. CONCEPTUAL FRAMEWORK

The main objective of this framework is to highlight and qualify concepts related to, (and used) in this study, as well as to propose the relationship between authors and the researcher's findings. It also assists and provides the researcher with a broader meaning within which to interpret such findings.

## **2.4. THEORETICAL BACKGROUND**

From the discussions in this study, it is important that employees in every organization/institution need to be somehow motivated. The author therefore saw the necessity of studying and linking certain motivation theories to the information gathered.

### **2.4.1. Theory of motivation**

The most well known theory of motivation is Abraham Maslow's hierarchy of needs. This theory was developed as early as the 1950's. He hypothesized that in every human being there is a hierarchy of five needs; namely:-

- **Physiological:** Indicates need for food, water, shelter, sex and elimination.
- **Safety:** In order for one to survive, he/she needs security and protection from physical and emotional harm.
- **Social:** In every given situation, one needs to belong to a certain group and be accepted. Under normal circumstances, a person needs friendship and affection to satisfy his/her inner most. Lack of these needs, will leave a person incomplete and disillusioned.
- **Esteem:** Self-respect, autonomy and achievement, leaves one's internal esteem boosted. Therefore it becomes automatic for the external esteem factors to take cognisance and results in one's status, recognition and attention noticed.
- **Self-actualization:** Every one has the drive to become what he/she is capable of becoming; and these include growth, achievement of one's potential and self-fulfilment. According to Maslow, if one needs to motivate another person, he/she needs to know and understand what level of the hierarchy that person is currently on and concentrating on the need that is lacking. Managers therefore need to know about this theory so that they can be able to motivate their subordinates especially those who have the tendency of absenting themselves from work.

### **2.4.2. Theory x**

Another theory, which is relevant in this research study, is the theory of Douglas McGregor. He had two different views on human beings, that is; Theory x (negative individual) and Y (positive one). From the discussion in this study, McGregor has certain assumptions viewed by managers namely:-

- That there are employees who dislike work, and create an opportunity to avoid it by all means.
- Also that those employees must be controlled and threatened with punishment to achieve organizational goals.

- McGregor viewed those employees as irresponsible.
- That most workers would place security above all other things associated with work and display very little interest and ambition.

All the above items confirm discussions in this study, and this is the reason why the Research study was conducted.

### **2.4.3. Motivation- Hygiene Theory**

Frederick Herzberg in his arguments, believed that an individual's relation to his/her work, is a basic one; and that his/her attitude toward this work can determine the individual's success or failure. Herzberg further argued that motivation and lack of motivation, are at opposite ends of the scale, and therefore if managers need to motivate employees, one must not only introduce job satisfaction factors alone, but also eliminate the hygienic factors. This is also indicated in the study that there are many factors related directly and indirectly to absenteeism especially as a result of sick. The researcher in the study therefore agrees with Herzberg that most factors related to job dissatisfaction contribute to improper use of sick leave in a way.

## **2.5. SUMMARY**

The reasons why sick leave problems are common in the work place (unmet expectations, Job-Person-Match, and organisational culture) give a picture of how other authors discussed the problem.

Also the reasons why employees sometimes find themselves guilty of being absent from work due to minor excuses was summarily indicated. It has been found that some employees regard sick leave as an extra time off or free time to attend to their personal needs. Some authors like Booyens, found that the regular absentee would use maximum sick leave days and still complain of aches and pains. Some may even result in burnout. The chapter also shortly touched on the causes of absenteeism as personal, organisational, attitudinal and social factors. Reasons of absenteeism were also discussed. Sick leave is an aspect of management, which is not easy to control. Nurses and other employees do not comply with the requirements laid down by law, and this is why all employees must be informed about this during an induction program in an institutions. Proper records must be kept to make sure that certain numbers of sick days are not lost along the way for future reference.

The next chapter examines the methods used for collection of data.

## CHAPTER 3

### 3. RESEARCH METHODOLOGY.

#### 3.1. INTRODUCTION

The author collected data using both quantitative and qualitative methods, to map out the main issues in the field of study under discussion.

The context in which; and the purpose for which collection of data took place, was clearly spelled out in this chapter.

This was done to ensure that all relevant information is gathered comprehensively and objectively so.

A **questionnaire** with both closed and open-ended questions was used as one of the methods of collecting data. Questionnaires were designed and used to gather facts about sick leave absenteeism by nurses who are in the situation. Opinions were invited through knowledgeable respondents. **Interviews** were also conducted to get first hand information and to avoid bias. **Incidental sampling** method was used on those professional nurses including unit managers who were present at work when data was being collected. In this method of data collection, subjects are included in the study because they happened to be there during data collection process. The method was chosen to avoid serious biases which sometimes occur when other methods are used. All the methods were used to get to the roots of the problem, and to try and resolve those identified problems with minimal bias.

#### 3.2. TOTAL POPULATION

The data for this research were obtained from a random sample of nursing personnel at Polokwane/ Mankweng Hospital Complex in Limpopo Province as illustrated on the table below:-

The Managerial Post Structure and post level indicated how the Top structure of the complex looks like in terms of lines of command in general.

Polokwane/ Mankweng Hospital Complex has got 1583 posts filled, 554 vacant and with no supernumerary.

Incumbents	Filled post	Vacant post	Post level
General Manger	1	Nil	14
CEO'S(Senior Manager)	2	Nil	13
Senior Medical Superintendent	1	1	12
Chief Specialist	1	15	13
Principal Specialist	13	20	12-13
Specialist	28	35	12
Manager	4	10	11
Deputy Manager	14	40	9
Total Managers/Supervisors' posts	64	130	

**Table3.1. Polokwane/Mankweng Hospital Complex post structure, from General Manager to Deputy Managers' level.**

The next level is an operational level of care posts.

Post classification	Post filled	Post vacant	Total post	Post level
Chief Professional Nurse	52	-	52	8
Senior Professional Nurse	170	-	170	6-7
Professional Nurse	350	94	444	5-6
Staff Nurse	189	10	199	4-5
Nursing Auxiliary	56	201	257	3
<b>TOTAL</b>	<b>817</b>	<b>305</b>	<b>1122</b>	<b>3-8</b>

**Table 3.1. Nursing personnel post structure as at February 2003**

PMHC Nursing post structure from CPN to Nursing Auxiliary level under four main categories A, B, C and D.

### 3.3. TARGET POPULATION

All categories of nursing personnel: Out of a total of 817 (Eight hundred and seventeen), 666 (six hundred and sixty six) are professional nurses all inclusive, that is Chief and Senior professionals; Out of this total of 666; 39 (Thirty nine) are unit managers who are also professional nurses at chief professional nurses' level. Staff Nurses = 189 (one hundred and eighty nine) and Nursing Auxiliary = 56 (fifty six). Nurse Managers experience the problem of sick leave control among these categories of nursing personnel at the Complex as it represent  $\pm 50\%$  of the total staffing.

### 3.4. SAMPLING SIZE AND METHODS

A total of 10 Unit Managers from a total of 19 at Mankweng Hospital and 10 out of 20 from Polokwane were issued with **questionnaires** also 10 Professional Nurses, 5 from each Campus, 6 Staff Nurses, 3 from each Campus and 4 Nursing Assistants.

**A total of 40** Nursing Personnel were issued with questionnaires.

**Interviews** were conducted and only Unit Managers were asked questions pertaining to the problems through an **incidental sampling method (A total of 10, 5 from Mankweng and 5 from Polokwane)**. Also a **simple random sampling** method was used to ensure validity and reliability of results.

The identified categories of employees were selected randomly by means of using small pieces of paper with all the names of nurses in the wards where the study was conducted; mixed together in a small tin.

### 3.5. DATA COLLECTION TECHNIQUES

**Questionnaires** were distributed and collected in three days time to avoid loss of information. Information collected was directly captured in the **computer information system** where it was kept for analysis within two weeks time.

A manual form of data collection came from available **records in the units/wards** and from **employee files** in the personnel section.

## **CHAPTER 4.**

### **4. DATA ANALYSIS/FINDINGS**

#### **4.1. INTRODUCTION**

In this chapter, the findings on the data collected from Polokwane/Mankweng Hospital Complex, will be discussed at length.

#### **4.2. FINDINGS FROM COLLECTED DATA**

This data has been collected randomly from the following nursing units and wards:-

- Primary Health Care (PHC)
- Trauma unit/Casualty
- Outpatients Department
- Obstetrics
- Post Natal Care
- Neonatal
- Gynaecology
- Gynaecology clinic
- Paediatrics
- Eye Department
- Theatre
- Surgical (Male and Female)

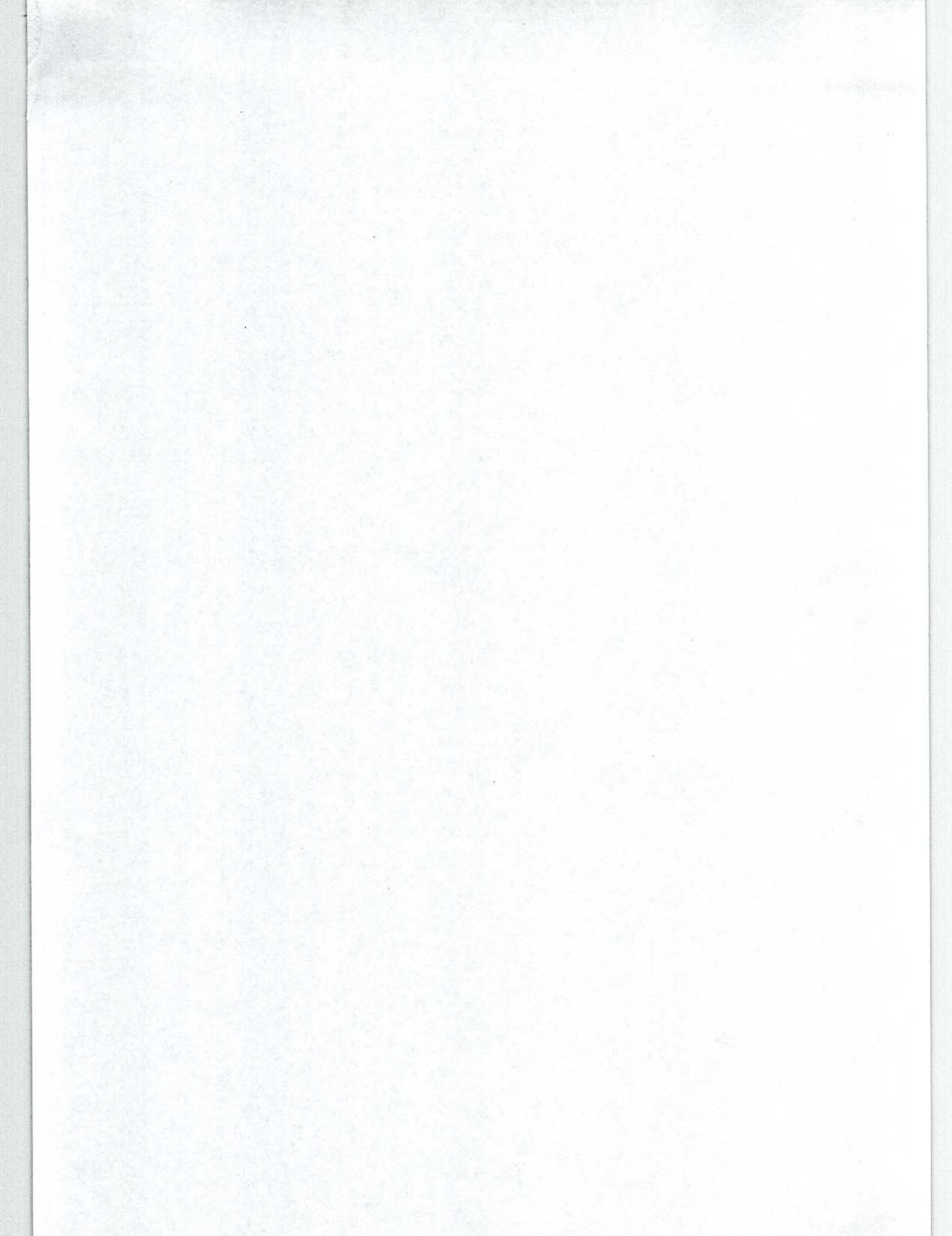
Categories of nurses from which data was collected

- Unit Managers/ Chief Professional Nurses (Category A)
- Professional nurses (Including some Chief Professional Nurses (CPN) and Senior Professional Nurses (SPN) (Category B)
- Staff nurses (Category C)
- Nursing Auxiliary (Category D)

#### **CATEGORY A: UNIT MANAGERS FROM BOTH MANKWENG AND POLOKWANE HOSPITALS**

Structured questionnaires with eight (8) open and closed questions were issued out to find out if this category of professional nurses was aware of the new and old legislation performing to number of sick leave allocated to public employees per cycle. Respondents were also expected to indicate the practicability of implementation of Resolution No.7 of 2000.

Furthermore they were requested to comment by means of a tick in the provided boxes in case they thought there was a need for adding or subtracting the present sick leave days.



AGES	POLOKWANE	%	MANKWENG	%
30-35	1	20%	2	40
36-40	1	20%	1	20
41-45	1	20%	1	20
46 and above	2	40%	1	20

**Table 4.1. Age Distribution in Years**

All respondents from this category were females from the following units/wards.

**POLOKWANE**

- Operating Theatre
- Neonatal Unit
- Post Natal Ward
- Obstetric Unit

**MANKWENG**

- . Maternity
- . Out-Patient Department
- . Rental Unit
- . Female Surgical Ward
- . Gynaecology Ward

**YEARS OF EXPERIENCE IN THE PROFESSION**

Number of years	Polokwane	Mankweng
5-19	Nil	1
10-14	1	2
15-19	3	1
20 and above	1	1

**Table 4.2. Knowledge of the New Legislation with regard to sick leave.**

All respondents from both Polokwane & Mankweng Hospital Complex indicated they were aware of the above legislation.

Knowledge of the number of sick leave days allocated in a 3 years cycle prior 2000

Eight (8) unit managers indicated that they were aware of the number of sick leave days which was allocated prior 2000 and only 2 indicated that they did not know.

Out of the eight (8), only three knew the exact number of 120 days in a cycle.

Two (2) respondents indicated that they were not aware of the number of sick days, which were allocated prior 2000.

	Polokwane	Mankweng
Practical = P	N/P	P
Not practical= NP	N/P	P
No response = NR	P	P
	N/P	N/P
	NP	N/R
<hr/>		
	NP = 4 P = 1	NP = 1 P = 3 NR = 1

**Figure 4.1. The Practicability of implementing Resolution No.7 of 2000.**

80% of the respondents from Polokwane Hospital Unit Managers felt that the implementation is Not practical, and only 1 person (20%) said it was practical without any supportive reason/s.

The Reasons cited were that personnel with chronic and serious conditions do not recuperate well as 35 days is too little. Examples of such illnesses were fractures.

### **Response from Mankweng Unit Managers**

60% of the respondents felt that the implementation of the resolutions is practical with reasons that when one is allocated sick leave days, there will be control and not abuse of those days.

One person felt that the implementation is not practical as some people are forced to come back to work even if they are not well but just to mark a present although not productive.

The fifth unit manager never responded to this question.

### **In which way did the practicability of the resolution affect one in her unit?**

The general response from unit managers in both hospitals was that people come back to work without having recovered completely from their illnesses. According to their response, their co-workers simply come back to work just to satisfy the sick leave requirements, that's for fear of being sent home for early retirement due to ill health.

Response towards the question “ **In your opinion is 36 days of normal sick leave in a three years cycle sufficient**”?

All (100 %) **Respondents from Polokwane** indicated that 36 days is not enough for the following reasons:-

- 36 Days is too little especially if one undergoes a major operation, He/she need time to recover fully before coming back to work.
- People that are chronically ill need more rest and thus they find themselves having used all days including capped vacation leave.
- Considering the high rate of hospitalization due to diseases caused by HIV/AIDS.

### **Respondents from Mankweng**

- 60% indicated that 36 days sick leave is enough for the following reasons.
- Those who exceed 36days, a motivation letter is written for one to utilise capped vacation days.

- For control over utilisation of sick leave is assured, and if not enough, application for temporary disability is done and more days will be added.

40% said that 36 days is not enough for the following reasons:-

- Sometimes people have to remain on duty even when they are ill.
- Sometimes staff reports on duty having fully recovered with more pressure of exhausting vacation leave days and thus remaining without other days for emergencies.

**If ever there were a possibility of increasing or reducing the number of sick leave days in a cycle, would you suggest 20 days, 36, 60, 90 or 120.**

**Polokwane:** All respondents said days should be increased

1<sup>st</sup> Respondent: Days should be increased to 120 days

The reason for this is to cover officers who suffer from chronic illnesses and also those who did major surgery, to have enough time to recuperate and be fit to perform their duties.

2<sup>nd</sup> Respondent: Days to be increased to 60 with the reason that workers should not be disadvantaged and be exposed to abuse.

3<sup>rd</sup> Respondent: Days to be increased to 120 days to let sick officials to recover fully to carry out their duties efficiently.

4<sup>th</sup> Respondent: Days to be increased to 60 days to help officers with chronic illnesses or those who underwent major operations to recover well.

5<sup>th</sup> Respondent: ±50 days should be added per 3 year cycle. No supportive reasons given.

**Response from Mankweng Unit Managers:**

1<sup>st</sup> and 2<sup>nd</sup> respondents felt that 36 days is enough in a cycle if 3 years.

3<sup>rd</sup> respondent felt that 90 days should only be added to officers suffering from chronic illnesses and those who complicated from motor vehicle accident (MVA)

The 4<sup>th</sup> respondent felt that 120 days should be added for employees to get enough time to rest and come on duty energetic.

The 5<sup>th</sup> respondent said that 60 days should be added on because she felt that other conditions require more than 36 days to be cured.

**What do you think can be done in future with regard to this problem?**

1<sup>st</sup> Respondent: Sick leave days to be increased to 60 days in 3 years cycle.

2<sup>nd</sup> Respondent: A refund of unused days to be converted into money and be reserved for

the next cycle.

3<sup>rd</sup> Respondent: Employees, who had not utilised some of their days, should be compensated as a way of appreciation by giving them cash bonus.

4<sup>th</sup> Respondent: Negotiations for more days should be considered.

5<sup>th</sup> Respondent: Increase of sick leave days by 60 days per 3 years cycle.

### **MANKWENG**

1<sup>st</sup> Respondent: In-service training should be conducted to inform personnel about sick leave days and provision be made on officers with major operations and orthopaedic problems.

2<sup>nd</sup> Respondent: Days to be increased by 90 days.

3<sup>rd</sup>: Respondent felt that 36 days is enough in 3 years cycle.

4<sup>th</sup> and 5<sup>th</sup> Unit Managers did not respond to the question.

### **RESPONSES FROM STRUCTURED INTERVIEWS OF UNIT MANAGERS, FROM BOTH POLOKWANE AND MANKWENG HOSPITAL CAMPUSES.**

A structured interview was conducted by the researcher on 10 Unit Managers from both Polokwane and Mankweng to indicate their experiences comparing it with records on sick leave kept in the units.

The researcher was satisfied about the positive response shown by respondents.

The responses are summarised in a narrative and tabular form below:

#### **Polokwane/ Mankweng**

Unit Managers involved in interviews were from Intensive Care Unit, Specialist Unit, Medical Ward, Surgical Ward and Orthopaedic Ward.

All respondents involved were females with the following years of experience. From Mankweng Unit Managers involved were from Female Medical, Gynaecology Clinic, Casualty, OPD & Surgical wards.

<b>Experience in the rank</b>	<b>Polokwane</b>	<b>Mankweng</b>
Less than 5 years	2	-
5-7 years	3	4
8-10 years	-	1

**Table 4.3.Nurses' experience in the Chief Professional Nurse's Post.**

Years of experience	Polokwane	Mankweng
4-9	-	-
10-14	1	3
15-19	1	1
20-24	1	-
25-29	2	1

**Table 4.4.Years of experience in the profession**

Years of experience ranged between 4 and 29

Statement	Yes (N) Count	%	No(N) Count	%
1. Are you aware of the number of sick leave the public employee is to get in a cycle of 3 years?	10	100	-	-
2. As a unit manager do you think it is important to know how many days are allocated?	10	100	-	-
3. Do you keep any sick leave record in your unit?	10	100	-	-

**Table 4.5.Response towards knowledge of the individual unit manager on the number of sick leave the public employee is to get in a cycle of 3years from both campuses.**

**Responses and reasons given towards item no.2 were:-**

- The officer/s not to stay out of work unnecessarily.
- For one not to exceed the days allocated.
- Motivate for additional days in case one exceeds 36 days.
- To be able to manage absence.
- For purpose of counselling.
- To prevent/ avoid abuse of sick days.
- To control employees' movement
- For proper supervision

**Reasons given for item no.3 of why one should keep a record of sick leave.**

- For control purposes
- For purpose of supervision'
- To give counselling
- Monitoring absenteeism
- Reference into correct control
- Able to manage absenteeism
- For prevention of sick leave abuse
- Determining sick leave pattern

**Response towards the questions “how best do you think sick leave can be managed”?**

- Through Record keeping
- Encouraging personnel not to misuse days
- Have leave from profile
- Check sick note authenticity
- Have record book
- Have print out record of sick leave for all personnel supervised.
- Well completed leave forms

**Main causes of sick leave among nursing personnel in the units.**

- Flu
- Social Problems
- Workload/ Exhaustion
- Backache
- Chronic illnesses

**A question and responses on sick leave records of how many nurses were over booked off sick in the units between March 2002 and March 2003.**

**POLOKWANE**

**ICU = 6**

CPN = 2

PN = 2

Staff Nurses = 1

Nursing Assistant = 1

**Female Surgical Ward = 24**

CPN = 9

SPN = 3

PN = 8

Staff Nurse = 2

Nursing Assistants = 2

**Male Medical = 7**

CPN = 2

SPN = 4

Nursing assistant = 1

**Male Surgical = 9**

CPN = 3

SPN = 1

PN = 2

Nursing Assistant = 2

**Orthopaedic Ward = 23**

CPN = 11

SPN = 5

PN = 1

Staff Nurse = 2

Nursing Assistant = 4

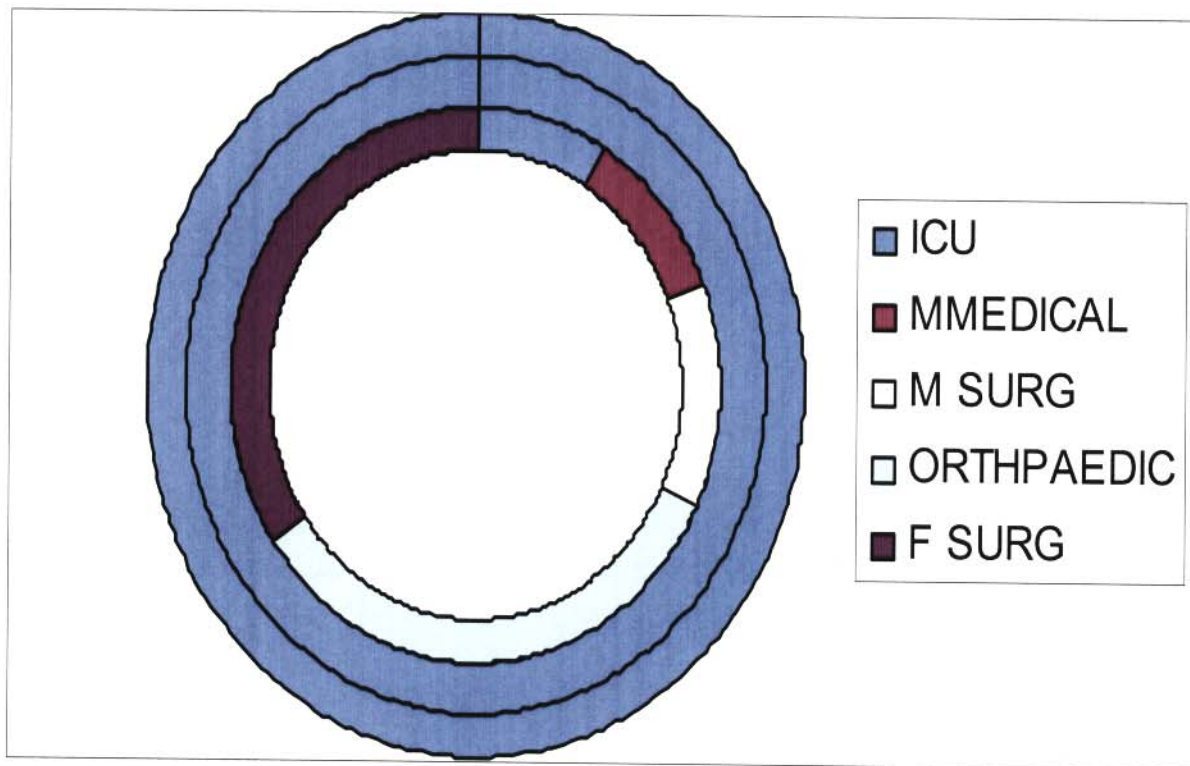


Figure 4.2. Number of nurses booked off-sick between March 2002 and March 2003

### MANKWENG RESPONSES

#### Female Medical Ward = 12

CPN = 2  
 SPN = 1  
 PN = 2  
 Staff Nurses = 2  
 Nursing Assistant = 2

#### Gynae clinic = 7

CPN = 3  
 SPN = 1  
 PN = 1  
 Staff Nurses = 2

#### OPD = 25

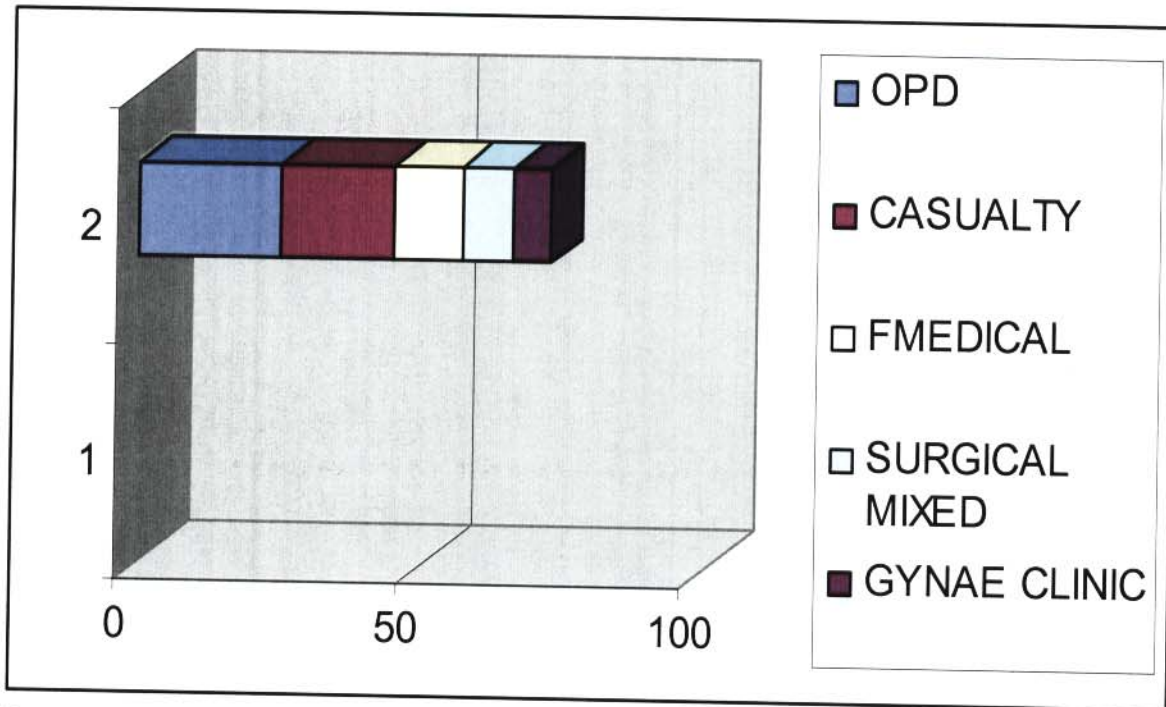
CPN = 4  
 SPN = 4  
 PN = 2  
 Staff Nurse = 10  
 Nursing assistants = 5

#### Casualty = 20

CPN = 4  
 SPN = 5  
 PN = 2  
 Staff Nurse = 4  
 Nursing Assistants = 5

#### Surgical Mixed Ward = 9

CPN = 4  
 SPN = 1  
 PN = 2  
 Staff Nurses = 2



**Figure 4.3. Number of Nurses Booked off-sick during March 2002 & 2003**

**Nurses who exhausted sick leave of 36 days during March 2002 and 2003.**

**MANKWENG**

Female Medical = 1  
 OPD = 3  
 Surgical Ward = 1

In other units no one exceeded that number of sick leave days.

**POLOKWANE**

None of the nurses in the units/wards being studied exceeded the number of allocated sick leave days.

**Response toward the question “What do you think can be done to solve this problem”?**

- Proper control of sick movements
- Appoint more staff to relieve exhaustion and stress on individual
- Motivation on staff and
- Add more sick days

**CATEGORY B: PROFESSIONAL/ REGISTERED NURSES PERCEPTIONS REGARDING SICK LEAVE ABSENCE FROM BOTH POLOKWANE AND MANKWENG HOSPITAL COMPLEX (PMHC)**

Respondents were expected to express their perceived opinions on Ten (10) questionnaires structured in the same manner as that of unit managers were distributed by the researcher. All questionnaires were completed and returned in two days. Respondents were all females Aged between 32 and 47 years. Respondents were analysed in a tabular manner as follows:-

AGE DISTRIBUTION	POLOKWANE	%	MANKWENG	%
30-35	1	20	-	
36-40	1	20	1	20
41-45	2	40	4	80
46 and above	1	20	-	

**Table 4.6. Professional/Registered nurses' years of experience**

**Respondents were from the following units:-**

**POLOKWANE** : Post Natal ward, Female Ward, Operating Theatre, Female Surgical and Trauma Unit.

**MANKWENG** : Paediatric Ward, Neonatal Unit, Gynaecology Ward, Child Family Unit and Eye Ward.

NUMBER OF YEARS	POLOKWANE	Mankweng
1-5	-	-
6-10	1	1
11-15	-	3
16-20	1	1
21-25	3	-

**Table 4.7. Years of Experience In The Profession**

**Respondents' remarks/ comments**

**POLOKWANE**

Statement	Aware(N)	%	Not Aware(N)	%
1. Are you and other staff members aware of the new legislation with regard to normal sick leave?	4	80	1	20
2. Before the year 2000, were you aware of the number of sick leave days allocated in a cycle of 3 years?	4	80	1	20

**Table 4.8. Awareness of Polokwane Professional nurses on Sick leave legislation**

## **MANKWENG**

Similar questions were asked and responses were as follows:-

5	100	-	-
4	80	1	20

**Table 4.9. Awareness of Mankweng Professional nurses on Sick leave legislation**

### **Reasons for positive responses i.e. those who indicated they were aware of the new legislation.**

All respondents knew that the new legislation was Resolution 7 of 2000 except one(1) respondent who only indicated that the new legislation was about sick leave days being in connection with allocation of 36 sick leave days, in a cycle of 3 years; and no further remarks.

How respondents found the practicability on the implementation of sick leave days allocated to every public employee in accordance with resolution NO.7 of 2000.

Practical = P  
Not Practical = NP  
No response = NR

**Polokwane** Practical = 3                      Not Practical = 2  
**Mankweng:**                      = 2    = 3

**Responses from Polokwane** revealed that 60% of the respondents felt that the implementation is practical and only 40% felt it's not implement able.

**Mankweng respondent** was Vice Versa, only 40% felt that the practicability of the implementation is possible and 60% felt it is not practicable.

Reasons for less practical were that 36 days sick leave is not enough for chronically ill employees and also for those who got injuries.

Other reasons given were that people exhaust the 36 days and have to apply for a temporary disability leave.

The response on the question of "if ever there is a possibility of increasing or decreasing the number of sick leave days, would one suggest an increase or reduction with how many days, 20,36,60,90 or 120"?

## **POLOKWANE**

Two respondents (40%) suggested an increase with 60 days. One respondent suggested 90 and the 4<sup>th</sup> one increase of 36 years.

The 5<sup>th</sup> respondent felt that 36 days is enough.

## **MANKWENG**

One respondent suggested an increase of 90 days, the other one 120 and the last one 20 days.

Two respondents felt that 35 days sick leave is enough.

**The suggestions as to what could be done to solve this problem in future are as follows:-**

- Staff member who are to be booked off for more than 5 days must be admitted to avoid misuse of sick leave days.
- This matter to be recommended to provincial office for further ratification.
- Extension of sick leave days
- Correct and close monitoring of sick leave
- Consultation of all members of staff before any Legislation could be implemented.

## **CATEGORY C: STAFF NURSES**

This group is the sub-category group of nurses with less experience and knowledge as compared to professional/ registered nurse category.

A total of six staff nurses were issued with a similar questionnaire 3 at campus.

<b>Age Distribution</b>	<b>Polokwane</b>	<b>Mankweng</b>
20-25	-	-
26-30	1	-
31-35	-	2
36-40	-	1
41-45	2	1

**Table 4.10. Age distribution of Staff nurses in the profession**

**None of the respondents has more than 20 years experience, but their experiences vary as follows:-**

<b>Years of experience</b>	<b>Polokwane</b>	<b>Mankweng</b>
1-5	1	1
6-10	-	1
11-15	1	1
16-20	1	-

#### **Table 4.11. Years of experience of Staff nurses in the profession**

##### **Responses on the question of whether they (Staff nurses) were aware of the new sick leave legislation were as follows:-**

All respondents from both Mankweng & Polokwane indicated that they were aware, but most failed to support their responses. Respondents mentioned that sick leave days allocated to employees in a 3 years cycle were 30, which is not the truth.

Only one managed to supply the correct supportive response. Others made mention that there were memorandums and regulations but failed to supply the contents of those.

50% of the respondents from both Campuses said they did not know of number of sick leave days, which were allocated to Public Servants prior 2000.

Although the other 50% indicated that they knew of the legislation, they failed to give supportive reasons for that.

##### **PRACTICABILITY OF IMPLEMENTING RESOLUTION NO.7 OF 2000.**

75% of the respondents indicated that there is no practicability of the implementation of the resolution for the following reasons:-

- For major operation, one need at least 6 weeks of recovery
- It is oppressive on employees who are forced to work while they are still weak and ill.
- Some chronic illnesses take long for one to completely recover.
- 25% mentioned that the practicability is there in the implementation of legislation but failed to say why.

On the question of whether days should be increased or reduced, all respondents felt that sick leave days should be increased with up to 120 days if possible. Reasons and comments given were:-

- Sick leave days are not enough in cases a person is involved in an accident, more days will be needed.
- In terms of serious illnesses, one must still have days available

As to what one is recommending solving this problem responses are common and almost similar to say sick leave days must be increased for efficiency in the units/wards.

## **CATEGORY D: NURSING AUXILIARY.**

Nursing Auxiliary Category, was the Fourth and the Last Group to be issued with questionnaires

This category is the lowest category in Nursing Division.

Only four questionnaires (similar with those issued out to other categories of nurses,) were distributed and same number returned.

**Age distribution** of respondent is between 38 and 52 years.

Their **years of experience** in the profession also range between 9 and 28 years.

All respondents indicated that they were aware of the new legislation pertaining to sick leave and even indicated the number of sick leave days in a cycle is 36 days.

**In response to the question of whether they were aware of a number of sick leave days in a cycle, ALL WERE NOT AWARE.**

The **practicability** of implementing sick leave legislation was found not to be possible by all respondents. Reasons given were as follows:-

- Fewer days suggest they should be carried forward and not forfeited.
- High rate of chronic illnesses, for example. AIDS
- Major surgery

All respondents except 1, indicated that the number of sick leave allocated is not enough, therefore more days should be added (between 60 and 120).

**Suggestions on what one thinks could be done to solve this problem were:-**

- Appointment of more staff
- Increase salary to prevent stress and other related illnesses.
- People need information to avoid abuse of sick leave.
- Unused days to be carried forward.

### **4.3. SUMMARY**

A summary from unit managers of both Polokwane and Mankweng Hospitals indicates that the implementation of sick leave according to the requirement is not practical especially for employees who suffer from chronic illnesses and those who underwent major surgical operations.

There is a general feeling that the number of sick leave days should be increased as the pattern observed in this regard is that, some officers would come to work before they have completely recovered, and thus become inefficient and non-productive.

## CHAPTER 5

### 5. CONCLUSION AND RECOMMENDATIONS

From the analysis of the responses from unit managers, Professional/ Registered Nurses, Staff Nurses and Nursing Assistants/Auxiliary, the researcher reached the following conclusions:-

- The majority are aware of the current legislation pertaining to sick leave days allocated to every public employee in a three year cycle.
- There is basically a consensus that, 36 days sick leave is not sufficient enough to cover employees who are chronically ill, those who have undergone major surgery operation and those who are sickly.

This is evident from the findings of the study that, “people who are sick come back to work without fully recovering from their illnesses”. Also according to their co-workers simply come back to work just to satisfy the sick leave requirements, that is for fear of being send home for early retirement due to ill health.

Although the respondents were aware of the current legislation, the results from the study showed that the majority were not aware of the previous legislation. This is an indication that they are concerned with the number of sick days that are presently allocated to individuals in a three-year cycle.

Also the practicability of the implementation of the sick leave requirement by the legislation was said not to be possible by most respondents and reasons given were that, most personnel are found to have applied for temporary disability or having used capped days, which are to be used on retirement.

Some respondents felt that there was no consultation by the government when implementing this resolution, and therefore it may not be possible to implement such resolutions taken.

## RECOMMENDATIONS

In order to effectively render a quality service at the PMHC, the following recommendations are made with regard to sick leave:-

- Proper record keeping by supervisors, and managers at various levels.

The Managers include Deputy Managers, Unit Managers and Ward sisters at Chief Professional Nurses Level.

Records that need to be kept include leave forms with copies kept by supervisors, another separate record kept in the note book with total sick leave days allocated and already taken

- Proper supervision and management of sick leave of every employee.

A pattern of sick leave must be established with certain individuals who absent themselves regularly from work.

- Information sharing to all nurses with regard to sick leave requirement. Nurses need in-service training on absenteeism resulting from sick leave as well as the implications thereof.
- Increase of sick leave days as per data collected, 36 days is not sufficient to address individual and group problems for example; Employees, who were done surgical operation, need at least 6 weeks (42days) to recover and get back to work where he/she is expected to be productive.
- Consultation of employees by provincial Policy Unit, whenever there is a new rule/regulation to be implemented, would be of great value.
- Independent exit interviews must be done with questions formulated around issues of sick leave absenteeism as a cause of dissatisfaction among employees at all levels of operation.
- All medical certificates must via office of the Chief Executive Officer as head of institution, to check their authenticity before they can be processed to human resource section.
- Well-staffed and well-equipped staff clinic should cater for personnel on duty to discourage employees from seeking medical care outside the institution that is; provide practice.
- All employees who were absent from work due to illness must produce medical certificates on request by the employer where a pattern has been discovered.
- As supported by the findings, Policy on sick leave absence must be revised so that the implementation thereof is practical.
- All personnel in the complex are to be allowed to give inputs towards the abovementioned Policy, so that absenteeism is reduced.

- The research feels that the unused sick leave days after completion of 3 year cycle should be carried forward to the next cycle, rather than being forfeited. Alternatively employees whose sick leave days have not been utilized, be utilised it may also be rewarded as assign of appreciation.
- Employees with chronic illnesses (like hypertension and sugar diabetes) as well as those who were operated upon must also get additional days.
- The information to be shared with other employees in all hospitals in the Province. As Polokwane/Mankweng Hospital Complex is a tertiary and academic institution, the Provincial office may want the implementation of these resolutions to be considered for all hospitals in Limpopo.
- Although sick leave is basically an employee's right to have, this should specifically be utilised for its purpose; that is only when an employee is sick. It is unfortunate that amongst honest employees, there are also chance-takers or sick leave abusers. The emphasis on this aspect is clearly spelled out in part V. G.1 (c) of Public Service Regulations, of 1999; which indicates that a Head of Department shall ensure that an employee does not abuse sick leave. On this aspect then one recommend in response to item 7.4. (Unused sick leave credits shall lapse at the end of a three-year cycle) incentives on those who responsibly utilised their sick days, and disincentives for those who exhausted all their days. One then recommend the following:-

Incentives scheme: 50% pay bonus for employees who never utilised their sick leave days for a period of three years and 25% or less for those who used half of their days; then a disincentive for those who utilised all their days (no reward).

Chapter 10 (a) of the Constitution of South-Africa, requires a high standard of Professional Ethical behaviour and Code of good conduct that must be promoted and maintained by all Public Employees. Therefore the incentive part of the recommendations will serve as motivation for sick leave abusers and also indicate a high sense of responsibility and accountability among Nursing Personnel in particular.

- Managers and Supervisors must be exemplary to subordinates and colleagues by being regular at work at all times.
- What is most important is that Awareness campaigns should be established so that people are informed about the important of reporting at work regularly

## CHAPTER 6

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**STRUCTURED QUESTIONNAIRE**

1) Please answer the following questions in the space provided

- Age: .....
- Gender: .....
- Section: .....
- Years of experience in the profession: .....

2) Are you aware of the new legislation with regard to Normal Sick leave:

**Aware**

Briefly support your response.....

.....

.....

.....

**Not Aware**

Please provide a supportive statement.....

.....

.....

3) Before the year 2000, were you aware of the number of sick leave days in a cycle of three (3) years?

**Aware**

Please elaborate.....

.....

.....

**Not Aware**

4) Since the implementation of resolution Number 7 of 2000, item 7.4 on normal Sick leave, how did you find the practicability?

Practicable  
**Yes**

.....

.....

.....

**Not practicable**

If not, how did you find it:

.....

.....

.....

.....  
.....  
5) If ever the practicability of the resolution did affect you, in which way did it affect you?

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

6) In your opinion, are 36 days of normal sick leave in a cycle of three years sufficient?

**Yes**  Briefly support your answer

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

**No**  Please elaborate

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

7) If ever there's a possibility of increasing or reducing the number of sick leave days in a cycle of three years, would you suggest the following (please tick one block)

**Increasing** 20 days  36  60  90  or 120

**Reducing** 20 days  36  60  90  or 120

Please provide supportive reason/s for the choice you made

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

8) What do you think can be done in future with regard to this problem?

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

Thank you for your contribution.

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