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**FACTORS CONTRIBUTING TO ABSENTEEISM AMONG NURSING STAFF IN A PUBLIC  
HOSPITAL IN DAMMAM, SAUDI ARABIA**

By

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A dissertation submitted in fulfilment of the requirements for the degree  
MNurs (Nursing Management)

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## DECLARATION

Student Number: 17400903

I, **Boniface Osango Olenga**, do hereby declare that **Factors contributing to absenteeism among nursing staff in a public hospital in Dammam, Saudi Arabia** is my work and that all sources that have been used or quoted have been indicated and acknowledged using complete references and that this work has not been submitted for any other degree at any other institution.

Name



Date

07/03/2024

## **ABSTRACT**

Absenteeism is a big issue worldwide, and it costs businesses a great deal of money. Nurse shortages are a global problem, and absenteeism exacerbates the current hospital shortage. For hospitals to operate efficiently and effectively, daily attendance is expected to provide quality nursing care. Shortage of human resources, long and difficult working hours, stressful work, job uncertainty, and a lack of protection at work are all factors that contribute to nurse absenteeism. In healthcare institutions, absenteeism influences the quality of healthcare provided and such institutions further incur huge financial losses. Absenteeism further exposes nurses remaining on duty to increased workload, psychological distress, depression, inhospitable working conditions, and burnout.

This study aimed to assess and identify the factors contributing to absenteeism among medical and surgical nurses of all categories in a public hospital in Dammam, Saudi Arabia.

A descriptive, quantitative research design was used in this. Data was collected using a self-developed questionnaire among 310 nurses of all categories working in the medical and surgical wards at the designated hospital. A total population sampling method was used in this study. A total of 310 questionnaires were distributed, and 170 questionnaires were returned, achieving a response rate of 54.8%. Descriptive statistical analysis (including means, medians, and standard deviations) was used in this study for data analysis, and the results were presented in figures and tables.

The responses addressed variables affecting nurses' absenteeism at Dammam Public Hospital in the Eastern Province of Saudi Arabia. Many of the nurses reported to be suffering from stress-related illness, and a relatively high percentage reported that there are insufficient staffing levels to handle the number of patients. The respondents also reported that the workplace is intolerable due to staff absenteeism. Other factors reported included a lack of recognition and rewards from the hospital, no overtime payment for the work done, and poor disciplinary procedures for nurses' absenteeism by the hospital administration. The results further indicate a positive relationship between the characteristics of the nurses and the work environment.

Therefore, the results associate nurses' absenteeism with dissatisfaction with their organisation characteristics and the working environment. Thus, to curb absenteeism and improve nursing care, it is imperative to address a shortage of human resources to enhance staff-to-patient ratios and prevent stress and burnout. Organisational policies and disciplinary procedures for absenteeism should be strengthened and implemented.

### **Key terms**

Absenteeism; Factors; Nurse; Public hospital

## DEDICATION

The following individuals are the ones to whom I would want to devote this research study:

- My wonderful wife, Mrs. Boitumelo Eugene Olenga, who helped and inspired me throughout trying times. I express my gratitude to you, my dear, for your support and understanding of the position that a student husband must play in my life.
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## ABBREVIATIONS

NED	Nursing Executive Director
PID	Participant Information leaflet
SPSS	Statistical Package for Social Sciences
IBM	International Business Machines Corporation
KMO - MSA	Kaiser- Meyer –Olkin Measure of Sampling Adequacy
EFA	Exploratory Factor Analysis
MOH	Ministry of Health
DMC	Dammam Medical Complex
IRB	Institutional Review Board
ENT	Ear, Nose, and Throat
PhD	Doctor of Philosophy
COVID-19	Coronavirus Disease 2019
CAPP	Cluster Administrative policy and procedure

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## **CHAPTER 1 - OVERVIEW OF THE STUDY**

### **1.1 INTRODUCTION AND BACKGROUND**

Absenteeism is a very common problem in many workplaces, including hospitals. Absenteeism is defined as being absent from scheduled work or staying away from work without a good reason (Saruan, Yusoff, Fauzi, Puteh and Robat, 2020:2). In addition to harming an employee's career, absenteeism also harms an organisation's effectiveness. Absenteeism could indicate management problems, such as low staff morale or a hazardous workplace. Employees, co-workers, and managers do not want absenteeism. It is crucial to gain a deeper understanding of the potential reasons, particularly those that are tied to the workplace.

The effects of absenteeism are far-reaching and multifaceted. Nurse absenteeism may result in poor patient outcomes, and nurses remaining on duty may attain a heavier workload, which could result in the postponement of their vacation leave. The impact of absenteeism has tremendous effects on the quality of healthcare provided by institutions and on a tense working environment (Saruan et al., 2020:2). A tense working environment, in turn, could lead to nurses suffering from psychological distress, depression, and burnout (Mbombi, Mothiba, Malema, and Malatji 2018:2).

Belita, Mbindyo, and English (2013:1-2) developed a typological framework for categorising absences among healthcare workers using the following categories: voluntary and planned, voluntary and unplanned, involuntary and planned, and involuntary and unplanned (Table 1.1).

When a worker and employer know that the employee will not be showing up for work, employers can make plans. Conversely, unplanned non-attendance happens when a staff member skips work while their employer expects them to be there (Gutsa and Luke, 2021:1-29). Furthermore, absences can be further divided into voluntary and involuntary absences. When an individual is absent involuntarily, it is typically due to circumstances beyond their control, like a chronic illness. On the other hand, a voluntary absence reflects a conscious decision by the employee to skip work due to events that are out of his or her control. The distinction between the two depends on whether the employee provided a pre-approved explanation for their absence (Belita et al., 2013:4; Gangai et al., 2015:1776).

Belita et al. (2013:1-2) developed a typological framework for categorising absences among healthcare workers using the following categories: voluntary and planned, voluntary and unplanned, involuntary and planned, and involuntary and unplanned (Table 1.1).

Table 1.1: A typological framework for classifying absences at work

	<b>Planned</b>	<b>Unplanned</b>
<b>Voluntary</b>	Training, workshops, conferences, annual leave, time off for research, and maternity leave are all examples of statutory absences.	The absence is due to illness to handle personal concerns as they arise; however, it is presented as a minor illness and is frequently temporarily self-certified.
		Failing to show up for work and failing to provide a reasonable explanation for the absence (such as moonlighting).
<b>Involuntary</b>	This refers to long-term illnesses, such as those lasting up to 90 days, specifically in Scandinavian countries.	Transportation issues, caring for a sick child or relative, sustaining physical injuries, and having a diagnosed illness.
	It is an absence that is brought on by a social duty rather than a personal interest or reward, such as going to a pre-arranged event like a political or community meeting. In certain circumstances, the employee may request time off by giving the employer a different acceptable cause for absence.	

Source: (Belita et al., 2013:3)

Furthermore, absenteeism is seen as one of the most common causes of staff shortages in

healthcare settings, which significantly affects the delivery of quality healthcare services (Masnad Alreshidi, Alaseeri, and Garcia, 2019:3). The literature indicates that working conditions such as role ambiguity, inadequate group cohesion, and ineffective routinisation are some of the factors directly linked to the increased rate of absenteeism among nurses (Nyathi and Jooste, 2008, in Mat et al., 2019:3). Nurses working in medical and surgical wards may experience lasting effects from stressful events that occur there. Aggression, violence, the death of a patient or patients, or even taking part in resuscitation can all result in emotionally and physically taxing situations (Mahmood, Ghaffar, Ullah and Zaman, 2022:78-89). Other factors include stressors in the job environment, individual work ethic and characteristics, organisational commitment, having a voice or not, and leadership (Masnad Alreshidi et al. 2019:1).

The designated Public Hospital is one of the largest government hospitals in the Eastern Province of Saudi Arabia. The medical and surgical wards of this public hospital, which has a large number of medical professionals, receive a significant number of patients day and night. The hospital is constantly seeking strategies to reduce or eliminate absenteeism because it has a significant negative impact on these units. When a nurse is absent from work for three days or longer without informing management or giving a good cause, voluntary, unplanned absences become misconduct in the public sector. The absence records showed that the Eastern Province of Dammam, respectively, had a mean of 0.2 and 0.9 days of absence per employee per month, resulting in an average mean of roughly 0.5 days (0.43 absences per employee per month), which means about 33% of the nurses missed at least one day of work per month (Al Ismail, Herzallah, and Al-Otaibit, 2023:1–8). The Eastern Province Department of Health of Saudi Arabia estimated that nurse absenteeism costs 4.021.998 American dollars annually, considering an absence mean of 0.62, an average nurse salary of \$1353 per month, 20 working days per month, and a total number of nurses in the province (Ministry of Health (MOH), 2017).

The management of absenteeism in an organisation remains every employer's challenge (Kovane, 2015:2). Nurse managers find themselves facing the problematic task of ensuring there are enough nurses in the wards required to provide patient care (Batool, 2019:6780). Despite interventions such as addressing employees' concerns, reducing staff shortages, and implementing policies to address absenteeism, it remains a daunting challenge (Mbombi et al., 2018:2). However, these interventions still have limitations. More work is required to mitigate absenteeism, particularly in hospitals where the workers save lives.

The earlier studies on absenteeism, according to Sabzi, Jafari, Bakhshian, and Saadat Mehr (2024: 29), showed that job satisfaction, particularly employee values and job expectations, as well as psychological job aspects, are important contributing factors behind absenteeism. Characteristics

of the organisation and work support for training and growth, supervision, operating policies and procedures, relationships among coworkers, and the nature of the work performed all affect job satisfaction. According to Sabzi et al. (2024:30), psychosocial job features include high job strain, challenging job expectations, poor role clarity, workplace bullying, a hostile company culture, and poor leadership. Nurse managers who can intervene to create good work environments to reduce absenteeism have some control over these psychological contribution factors and job satisfaction levels Sabzi et al. 2024:30). Nurse managers are personnel who report to senior management and are in charge of the administrative and/or functional management of other employees. They are in a better position to observe and comprehend the causes of absenteeism at work as a result (Cholli, Sreeja, and Pandey, 2017:524).

Nurses make up a significant portion of the total population employed in hospitals across the globe; therefore, they are the backbone of the healthcare system. In hospitals, nurses are important because they are in direct contact with patients and spend most of their time working with them. As a result, nurses are regarded as hospital leaders and oversee the hospital's most important tasks (Syster, 2022:3-7). Those who are committed to their duties regularly have to deal with challenges related to increased workload, burnout, or fatigue (Mbombi et al. 2018:3); therefore, effective means to address absenteeism among nurses will reduce the workload for those nurses on duty, minimise burnout, and sustain nurses' performance in healthcare institutions (Kovane, 2015:3).

The sudden rise in tasks from a colleague's absence that increases the burden for other staff members may harm those staff members. It has also been demonstrated that giving employees too much work due to absenteeism lowers worker morale (Magee et al. 2016:29). The pressure placed on the employees present during personnel shortages is likely to hurt both individual performance and overall productivity. This decline in employee productivity harms the quality of services. According to Zozie and Daka 2023:100-117), poor service delivery can result in public discontent and a bad reputation for the organisation.

Additionally, absences contribute to understaffing. Working in a setting with insufficient employees can raise workload, levels of stress, physical and emotional depletion, and fatigue, all of which affect the quality and safety of care (Zozie and Daka 2023:100-117). Hospitals incur costs due to absenteeism. Belita et al. (2013:7), Kandemir and Sahin (2017:2), and others have highlighted the cost of absenteeism to institutions in terms of averted (paid) working days. It is for this reason that this study intends to identify and determine factors contributing to the absenteeism of nursing staff in a public hospital in Dammam, Saudi Arabia.



## 1.2 PROBLEM STATEMENT

Based on the information from the Human Resources department of the facility, the rate of absenteeism among nursing staff working in medical and surgical wards is increasing based on statistics, ranging from 7.5 to 8.2% (Human Resources, 2020). This has resulted in a significant impact on healthcare service provision, such as poor quality of patient care and low morale, among others. The nurses who are on duty take on more work than assigned when other nurses are not there. The remaining nurses find themselves working under pressure and stressful conditions, faced with an increased workload that leads to poor patient care, feeling overworked, and getting sick (Mbombi et al. 2018:1). To cover for the scarcity of nurses, some nurses must occasionally postpone their leaves and adjust shift schedules. Nurses' absences also have a financial impact on the organisation, even though the staff members who substitute for absent colleagues do not get paid for any overtime.

Previous studies have also highlighted the magnitude and effects of nurses' absenteeism globally (Batool, 2019:6783; Mat et al., 2019:13). Such problems include, among others, financial losses by healthcare institutions, decreased patient satisfaction, job dissatisfaction, increased workload, and staff shortages, as well as mental health problems among nurses such as psychological distress, depression, and burnout (Mbombi et al., 2018:41; Roelen, Bultmann, Groothoff, Van Rhenen, Mageroy, Moen et al., 2013: 453).

Many studies that have been done about absenteeism are broad and general. They concentrate on absenteeism's causes without focusing on the characteristics of a nurse, work, or organisation within this designated public hospital. Identifying the factors contributing to absenteeism can help reduce the detrimental impacts of absenteeism. The majority of literature identifies and analyses a wide range of absenteeism-related factors, making it difficult to pinpoint the fundamental causes of the issue within the medical and surgical wards in this public hospital in Dammam and causing a delay in putting preventative measures into action. Therefore, it is essential to identify and describe specific factors related to nurses' absenteeism in the designated public hospital to find sustainable solutions to curb absenteeism and enable effective management thereof. Coming up with solutions to mitigate this problem may help reduce the workload and burnout of nurses remaining on duty and may subsequently lead to low retention and poor patient outcomes (Ropponen, Koskinen, Puttonen, and Harma, 2020:787; Ticharwa, Cope, and Murray, 2019:109).

### **1.3 AIM OF THE STUDY**

The study aims to identify the factors that contribute to absenteeism among nurses in the medical and surgical wards of a public hospital. This can help nurse managers prepare for the future, create backup plans, and look for strategies to lower absenteeism.

The results of this study can also help the management of this designated public hospital develop strategies to lessen the consequences of absence and enhance working conditions to prevent absenteeism.

### **1.4 RESEARCH QUESTIONS**

What are the factors related to absenteeism among nurses working in the medical and surgical wards of a public hospital in Dammam, Saudi Arabia?

### **1.5 AIM AND OBJECTIVES OF THE STUDY**

The study aimed to identify factors contributing to absenteeism among nurses working in the medical and surgical wards of a public hospital in Dammam, Saudi Arabia.

The objectives to be achieved in this study were as follows:

- To identify and describe the factors related to absenteeism among all categories of nurses working in the medical and surgical wards in a public hospital in Dammam, Saudi Arabia.
- To make recommendations on managing nurses' absenteeism in the medical and surgical wards at the designated hospital.

### **1.6 SIGNIFICANCE OF THE STUDY**

The significance of the study can be explained in terms of its importance to management, nurses, and patients:

- Management: The study's findings may give managers insight into the factors that contribute to nurses' absenteeism and may inspire them to take preventative action to minimise such absences and their effects.
- Nurses: Effective absenteeism management might eventually lead to better staff retention, better mental health, and improved patient care.

- Patients: Better-quality care decreases hospital stays, and patient satisfaction might be enhanced with better staff retention and improved patient-nurse ratios.

## **1.7 DEFINITIONS OF KEY TERMS**

The following key terms were used in this study.

### **Absenteeism**

Absenteeism refers to the act of routinely avoiding work without justifiable reason (Chisti and Washington, 2016). According to Mat et al. (2019:1), absenteeism is defined as the non-presence at work that has been scheduled and the habitual staying away from work without a good reason. In this study, absenteeism was defined as the non-presence of nurses of all categories at work at the designated hospital, with or without a valid reason.

### **Nurse**

According to the International Council of Nurses, a nurse is a person who has completed a basic, generalised nursing education program and has received approval from the relevant regulatory authority to practice nursing in their nation (Schober, 2006). In this study, the nurse of all categories refers to a nurse specialist holding a bachelor's or master's degree, a staff nurse with a diploma, and a nurse assistant with a certificate in nursing who is currently registered with the Saudi Commission for Health Specialties as a nurse.

### **Public hospital**

A public hospital is government-owned and fully funded by the government (Handayani, Hidayanto, Ayuningtyas, and Budi, 2016:18). A public hospital in this study refers to a healthcare institution that is currently under study in Dammam, Eastern Province, Saudi Arabia and is presently rendering care according to Saudi Arabia's National Healthcare Vision 2030.

## **1.8 DELIMITATIONS AND ASSUMPTIONS**

Delimitations and assumptions are discussed in this section.

### **1.8.1 Delimitations**

The study was limited to factors contributing to absenteeism among nursing staff of all categories in one public hospital who were working in the surgical and medical departments in the designated hospital in Saudi Arabia at the time of the study. The study was limited to the nurses working in the designated public hospital.

### **1.8.2 Assumptions**

Assumptions in quantitative research were based on factors that could threaten the validity and

reliability of this study.

The following assumptions for the study were in place:

1. It was assumed that all participants had experienced personal and work-related factors that caused them to be absent.
2. All participants were assumed to have answered the questions truthfully, as not requiring them to write their names on the questionnaire would ensure anonymity.
3. The information gathered from the database of the target public hospital was considered accurate and trustworthy.

## **1.9 RESEARCH DESIGN AND METHODS**

A descriptive quantitative design was used, and the methods included the use of convenient sampling to select 310 nurses who met the study's inclusion criteria. Data were collected through a questionnaire, and analysis was done using descriptive statistical analysis with the assistance of a statistician. A thorough discussion of the study's design and methods is provided in Chapter 3.

## **1.10 ETHICAL CONSIDERATIONS**

The subject of ethics is right and wrong. Care must be taken to ensure that human subjects' rights and general welfare are upheld when they serve as research subjects (Polit and Beck, 2021:748). Respect for individuals, beneficence, and justice are the three main ethical principles that the researcher followed to ensure the safety of participants and the institution. The University of Pretoria's Faculty of Health Sciences Research Ethics Committee approved the study's ethical conduct (Ethics Reference No. 309/2021) (see Annexure D). The study has also received ethics approval from the DMC (Hospital name withheld) Institutional Review Board (log 31) in Saudi Arabia (see Annexure C). According to the ethical principles of self-determination, confidentiality, and beneficence, as outlined below, the researcher obtained approval to conduct the study with informed consent from the participants and the assigned institution and adhered to these principles (Polit and Beck, 2020:147). In this study, the research information and consent document were written in such a way as to secure informed written consent (see Annexure F). Without providing any incentives, the participants were assured that their participation was voluntary. Additionally, participants were made aware of their freedom to leave the study at any moment, free of charge, and without having to provide a reason. However, the participants were informed that once they had given the questionnaire back to the researcher, they could not recall their consent as the researcher would not be able to trace their specific questionnaire. Therefore, they would also not be identified as participants in any publication that comes from this study. Protection of people participating in research through the application of relevant ethical principles is important in any research study (Roshaidai and Arifin, 2018:30). The following ethical principles served as a framework for the researcher to conduct the study ethically:

### **Consent and the right to self-determination.**

Informed consent refers to a process by which the research participants voluntarily confirm their willingness to participate in a research study after having been informed of all aspects of the research that are relevant to the participant's decision to participate (Yip, Han, and Sng, 2016:695). Self-determination refers to the right of the research participants to make their own decisions and choices.

Informed consent was obtained by being transparent with the research participants about the purpose and objectives of the research, the type of data to be collected, the method of data collection, and the benefits of the research study.

### **Autonomy**

Also known as respect for people, it demands that the ability of competent participants to make their own decisions be recognised and respected while also protecting the autonomy of the vulnerable by preventing the imposition of unwanted decisions (Owonikoko, 2013:242).

### **Beneficence**

According to Gray, Grove, and Sutherland (2017:672) and LoBiondo-Wood (2021), beneficence is the act of doing good while minimising damage and maximising benefits to participants. The beneficence concept was upheld throughout the entire investigation to prevent harm.

## **1.11. STUDY OUTLINE**

The study consists of six chapters; see Table 1.2.

**Table 1.2 Study outline**

Chapter 1	Overview of the study
Chapter 2	Literature Review
Chapter 3	Research Methodology
Chapter 4	Study Findings and Results
Chapter 5	Discussions
Chapter 6	Conclusion and Recommendations

## **1.12 SUMMARY**

This chapter provided an overview of the study, including the background, problem statement, purpose, research aims, significance, research methodology, and ethical considerations. Chapter 2 will present an overview of the literature on factors contributing to nurses' absenteeism.

## **CHAPTER 2 - LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter covers absenteeism's causes and effects and discusses results from the literature on the topic. It also notes how absenteeism is defined and assessed. The goal of the literature review is to provide information about the various factors, including nurse, organisational, and work-related features, that may contribute to nurse absenteeism at work. The final section of the chapter covers aspects of job psychosocial characteristics that contribute to nursing absenteeism in the public hospital in Dammam. At medical facilities, absenteeism not only disrupts regular work schedules, efficiency, and productivity, being costly to businesses and the economy, but it also increases complications, disability, and mortality from otherwise preventable causes (Nyamweya, Yekka, Mubutu, Kasozi, and Muhindo, 2017:1116). The literature review will look at an overview of absenteeism and the factors associated with nursing absenteeism.

### **2.2 INFORMATION**

The researcher employed a variety of information sources to find pertinent literature for this investigation. The following search engines were used to find relevant information that was appropriate for this study: PubMed, Google Scholarly, Sage, Science Direct ebook, Science Direct, Saudi Arabian Government Acts &, South African theses, Pro-Quest, Health Sources (Nursing or Academic Editions), SAe & Saudi Publication, and Medline are some of the resources for nursing and related health information. Search terms for the pertinent internet literature included "absenteeism," "causes or effects of absenteeism," "hospital," and "nurses." The search for information focused on literature less than five years and older. The researcher used seminal work that is older for the importance of understanding factors contributing to nurses' absenteeism.

### **2.3 DEFINITION OF ABSENTEEISM**

For almost all employers, absenteeism is a long-standing problem. It is increasingly prevalent in industrialised societies and impacts both the public and private spheres. Additionally, it's a global phenomenon that varies in every nation on Earth. As per Suárez Egoávil (2021:364), absenteeism is defined as the behaviour of an employee wherein he fails to report for work for one or more days (or shifts) on a day that he has been allocated to work. Vignoli, Guglielmi, Bonfiglioli, and Violante (2016:23) state that "an employee is absent from work for short periods, unauthorised absence of the employee from work and includes arriving late, leaving early, and taking extended tea breaks or lunch breaks" are all examples of absenteeism. According to Mayfield, Mayfield, and Ma (2020:715), absenteeism is defined as any failure to report or stay at work, regardless of the reason. Additionally, Løkke (2022:2990) categorises absenteeism as "late arrivals, absences from an employee's workstation, and brief absences from the workplace." Prior studies have identified various

definitions of absenteeism. Absenteeism is defined by Bustillos, Vargas, and Gomero-Cuadra (2015:192) as the inability to report for work on time for any cause. "The number of days that people are absent from work for any reason other than an approved vacation" is how Jansen, Otten, and van der Zee (2017:880) define absenteeism. According to McGradle and Ohemeng (2017:218), absenteeism is defined as an unscheduled, unreasonable, and disruptive episode. The employee's absence from work, including scheduled, protracted breaks and tardiness in arriving at or leaving their workstation, further distinguishes it. Another definition of absenteeism is when employees miss scheduled work without authorisation (ten Brummelhuis, Lieke, Johns, Lyons, and ter Hoeven, 2016:19).

## **2.4 TYPES OF ABSENTEEISM**

There are two sorts of absenteeism: involuntary (authorised) and voluntary (unapproved). Involuntary absence occurs for causes beyond the employee's control, like illness, a death in the family, transportation issues, maternity leave, workplace accidents, study leave, appearance commitments in court, and similar situations (Buschak, Craven, and Ledman (1996), cited by Ndwandwe, 2021:21). However, in the situation of involuntary absenteeism, an employee consciously chooses to skip work without first getting approval. This, according to Levy and Associates (2004 cited by Muthwa (2019:22), is an abuse of sick leave that frequently happens after an employee has asked for a leave of absence and the request has been denied for legitimate reasons. These workers often feel they have been treated unfairly and are entitled to take time off whenever they like (Chauke, 2007, as cited by Ndwandwe, 2021). Unauthorised absence justifies a corresponding deduction from the employee's pay. In contrast, employees with a high length score of absence typically miss work due to circumstances beyond their control, such as recuperating from surgery or getting injured in a car accident (Grigore, 2020:408). However, Buschak et al. (1996), cited by Ndwandwe (2021:22), draw attention to the fact that at least 50% of staff absences are not attributable to legitimate illnesses or other acceptable reasons.

In contrast, Wing (1999) claims that 98% of nurse absences due to sickness are real and unfalsified in a study on absenteeism for the Confederation of British Industry. In the US, absenteeism costs about 400 million lost workdays annually, with one million employees missing work every day (Wing, 1999; Buschak et al., 1996, as cited by Ndwandwe, 2021:22). Employers have the right to expect good attendance from their employees, as employment is a contract between two consenting parties. The absenteeism concerns will surely emerge during a working relationship. They should be handled in a way that is fair to both the employer and the employee to minimise the high cost to the organisation (Adel Shdaifat et al., 2023:522).

## **2.5 CAUSES OF ABSENTEEISM**

Compared to the number of non-Saudi nurses who claimed the same, a high percentage of Saudi



nurses indicated that social commitments were a cause of absenteeism. Many nurses reported that a severe workload was the biggest cause of work stress, which was then followed by poor supervision, an unfavourable work environment, and forced employment. The majority of nurses stated that other aspects should come first, then acknowledgement of work, improved working conditions, and increased teamwork (Wang et al., 2023:8).

## **2.6 WORLD VIEW ON ABSENTEEISM**

The effects of changing concepts in the globalised world and its system have caused the shape of modern working conditions and workers to synchronise with ever-improving technological inventions. The labour revolution has led to the emergence of previously unheard-of management methods of a predictable kind, which has significantly increased pressure on workplaces worldwide (Klaus, 2020). Employee absences totalled 131 million days in 2017, costing the economy £14 billion in lost revenue (UK Statistics Authority, 2019). Employee absenteeism cost UK firms over £29 billion in 2021, or seven days missed annually per employee (Chartered Institute of Personnel and Development [CIPD] the UK, 2021). The main issue facing businesses is that employee absence has a detrimental effect on their bottom line. The particular business issue is that certain managers do not have plans in place to lower staff absenteeism (Forte, 2021).

## **2.7 CONCEPT OF NURSE ABSENTEEISM AT PUBLIC HOSPITAL OF DAMMAM AT MEDICAL & SURGICAL UNITS**

Different definitions of absenteeism have been identified by prior studies. Absenteeism is defined by (Bustillos, Vargas and Gomero-Cuadra, 2015:192) as the inability to report for work on time for any cause. "The number of days that people are absent from work for any reason other than an approved vacation" is how (Jansen, Otten and van der Zee, 2017:880) define absenteeism. According to (McGrandle & Ohemeng, 2017:218), absenteeism is defined as an unscheduled, unreasonable, and disruptive episode. It is further distinguished by the employee's non-attendance at work, including scheduled, prolonged breaks and tardiness in arriving at or departing from their workstation. Another definition of absenteeism is when employees miss scheduled work without authorisation (ten Brummelhuis, Lieke, Johns, Lyons and ter Hoeven, 2016:19).

The level of absenteeism at the medical and surgical unit of Dammam Public Hospital was beyond the scope of this study because voluntary and unscheduled absences of one to two days were not recorded.

Voluntary, unplanned and unrecorded absences are partly due to government leave policies.

According to the Saudi Labor Law, issued by Royal Decree No. M/21 dated 23/08/1426H, in the purpose of the cluster administrative policy and procedure (CAPP No 17) reviewed 2024, on article 8 point 3, when absence is due to a documented approved leave of absence in order to ensure appropriate tracking of leave utilisation and absenteeism.

A medical certificate is required if the employee has been absent for one or more days or for thirty days or more than a month. A medical certificate is still being accepted. This means that employees are marked absent even for a full month until they provide a medical certificate. Therefore, the burden of absenteeism in public hospitals is heavier than officially announced. However, it is important to understand the reasons for this high no-show rate because no-shows in both units can put patients' lives at risk.

## **2.8 CONSEQUENCES OF ABSENTEEISM**

Absences can disrupt the routine of any department and cause supervisors to spend a lot of time and energy managing staff members to ensure everything is completed. When an employee is absent, three things can happen: (1) work may not be completed, (2) a replacement may be needed, or (3) someone else may be employed to make sure service delivery is not affected. This issue is costly for both employers and employees in terms of money, morale, and lost human resource hours (Shdaifat et al., 2023:539).

In addition to being expensive, absence affects organisational and individual performance (Jensen, Andersen, and Holten, 2019:487). Employer expenditures include reduced job quality, overtime, and temporary employment, to name a few. Paying employees for paid holidays, personal leave, and illness even when they are not at work results in additional expenses for employers (Johnston, Harvey, Glozier, Calvo, Christensen, and Deady, 2019:536-540). In addition to negatively impacting workplace workflow and staffing planning, absenteeism lowers production efficiency, which lowers an organisation's ability to compete.

Whether intentional or not, absenteeism has a negative impact on an organisation because of the expenses associated with missing work. When absenteeism trends are noticed, they must be addressed because leaving them unchecked allows system manipulation by opportunists. Absenteeism does not solve the issues that employees face at work, even though some utilise it as a strategy to escape a bad working environment or to get well after being mistreated there. Rather, a poor attendance record, difficult workplace relationships, and disciplinary hearings and potential dismissals could result from absence. In the end, delays in service delivery brought on by absenteeism also undermine an organisation's competitive edge.

### **2.8.1 Loss of productivity due to absenteeism**

An estimated 425,749 USD was lost in productivity each year due to absenteeism, and the A nurse's average loss was \$583 USD. As stated in Japan by Nagata et al. (2018), The annual cost of absenteeism loss for each individual is 520 USD; Rantanen and Tuominen (2011) discovered that the total cost of absence for medical reasons was 418 USD (373.87 euros) per person. Different countries have reported the cost of absenteeism per employee in various ways. For example, studies conducted in the US have reported costs per employee of 1,685 USD (Greenwell, 2015) and 800 USD (DeCenzo and Robbins,

2014), while studies conducted in the UK have reported costs per employee of £554 (715 USD) and in New Zealand, 837 USD (Summers, 2013), and in Australia, 578 USD (Australian Industry Group, 2015). The distinctions between the nations were attributed to variations in compensation and absenteeism rates, as well as in the characteristics of job functions and the various policies and procedures governing absence and sick leave.

### **2.8.2 Culture of Presenteeism**

Presenteeism is the reduced ability to function at work due to health issues (Matsushita, Adachi, Arakida, Namura, Takahashi, Miyata et al. (2011:439-446). Presenteeism is a problem that needs full attention. As a result, this may result in reduced produced productivity, poor quality of service/patient care, increased workload for others, higher organisational costs, decreased morale, impact on career advancement, customer/patient dissatisfaction, legal and regulatory consequences impact on organisational reputation, and loss of skills and knowledge. Subsequently, this could lead to absenteeism (Matsushita et al., 2011:440).

### **2.8.3 Stress**

Absenteeism has many facets and related variables. According to Acutt and Hattingh (2011:436), absenteeism from work, a withdrawal behaviour, can be a major sign of organisational stress and has significant costs, particularly in terms of lost productivity. Nurse managers must take immediate action to address the stress that nurses continue to experience due to their heavy workloads if they hope to keep their workforce (Suresh, Matthews, and Coyne 2013:770). Stress is a significant factor associated with absenteeism. The urge to leave a stressful setting or persistent tension, at least temporarily, commonly "pushes" employees out of a company. Since stress can have negative impacts, it needs to be recognised and addressed. In examining the influence of stress on health and its consequences for nursing. Stress can significantly affect nurses' performance (O'Donovan, Doody and Lyons, 2013:969-970). Stress can cause burnout in the long run by directly causing absenteeism, poor work performance, and decreased productivity. It is widely known that working as a nurse may be stressful and that self-esteem is a significant predictor of stress (Khamisa, Peltzer, Ilic, and Oldenburg, 2019:22).

The most frequent reasons for nurses' absence in South Africa and the Kingdom of Saudi Arabia were societal issues and familial obligations. Surprisingly, it was shown that aspects of organisational and work-related policies, as well as limitations on overtime compensation, had a substantial impact on absenteeism rates. However, most nurses reported that social obligations, job discontent and other variables like delayed performance, overtime and turnover were the primary reasons for absence, followed by health problems and work stress (Mudaly and Nkosi, 2015:97-104; Baydoun, Dumit and Daouk-Öyry, 2016:623-631).

A qualitative study was conducted by Baydoun et al. (2016:99) to examine the reasons for

absenteeism from the perspective of nurse managers to understand the causes of absenteeism better. The study reported three domains: work-related factors like working schedule, unit assignment, psychological distress, occupational hazards, workload, work physical environment, leadership style, and working relationships; individual factors like family obligations, social plans, physical illness, working two jobs; commitment and responsibility; personal attitude; and organisational factors like job payment, absence, culture, policy, and job security. Other studies have reported family commitments, financial strain, and unfriendly nurse managers as other factors that may result in absenteeism.

## **2.9 FACTORS ASSOCIATED WITH ABSENTEEISM**

Few studies concentrate on Saudi Arabia's nursing staff and absence predictors, even though many studies globally concentrate on healthcare absenteeism. The lack of overtime compensation and social issues among nurses were shown to be the most frequently occurring predictive factors related to absenteeism (Alharbi, Almuzini, and Aljohani, 2018:784). The indicators of absences included health issues at the workplace and issues with one's family and personal life (Masnad Alreshidi et al., 2019:660).

Bockerman and Ilmakunnas (2008), as cited by Mastekaasa (2020:66), examined the relationships between unfavourable working conditions, job satisfaction, and absenteeism among 2800 Finnish workers who participated in the cross-sectional Quality of Work Life Survey in 1997. They discovered that when the contracted working hours exceeded the ideal number of hours, employees missed work. If it was decided that the benefits of staying home outweighed the expenses, employees took time off on their own. Bockerman and Ilmakunnas (2008), as cited by Mastekaasa (2020:66), also demonstrated a correlation between greater earnings and fewer absent workers. Long-term absenteeism was more common in businesses that experienced frequent accidents or near-misses. Workers who are physically exhausted or who are unable to handle the psychological pressure at work are more likely to miss work than those who operate in healthier environments (Heba, Fatma, and Soad, 2021:27). Shift workers are more likely to be absent because shift employment is seen as a bad working condition. Furthermore, work teams with higher levels of cohesion had fewer absences because those teams had higher levels of job satisfaction, and those with higher salaries were a compensation factor for unfavourable working circumstances (Heba et al., 2021:27).

Belita et al. (2013:6) divided potential absenteeism factors into three categories: workplace/content, personal, and organisational/cultural variables. Workload, working conditions, organisational changes, and organisational/cultural elements, such as leadership style, were all part of the workplace/content component, which is intrinsic. Several factors may have an impact on nurse absenteeism. Based on the recent literature review by Chang et al. (2005 cited in Farquharson et al. (2012) stressful aspects of nursing absenteeism include demanding work paired with poor support, rapidly changing circumstances, a lack of resources, including human resources, health

status, family obligations, job satisfaction, working conditions, age, and gender, nurse characteristics, as well as workplace and organisation traits.

The study done by Burmeister et al. 2019 on determinants of nurse absenteeism and intent to leave, including seven countries across three continents: Australia, Iceland, Italy, South Korea, Lebanon, Turkey, and the United States, discovered that absenteeism was lowest in Korea and Lebanon and greatest in Iceland and Australia. Apart from Korea and Lebanon, most participants from every nation stated they had missed work over the preceding few months. According to a Norwegian study by Roelen et al. (2013), absenteeism and satisfaction are negatively correlated, with less pleased nurses reporting higher rates of absence.

## **2.10 NURSE CHARACTERISTICS**

According to the study by Nyathi and Jooste (2008), which Muthwa (2019:40) cites, nurses abuse leave days by attending funerals of extended family members after using up all of their annual leave days. As stated by Ticharwa et al. (2019:112), nurses usually must choose between their personal and professional responsibilities, and as a result of this conflict, nurses routinely miss work. The nurse's characteristics include their age and gender, educational background, health state, family responsibilities (commitment to their families), transportation issues, work commitment, opportunities outside of the workplace, and income.

### **2.10.1 Family Responsibility**

The study confirms that family responsibility is a component of absenteeism. This is consistent with the findings of Safaa and Aheer (2017), which Musa (2020:32) cited. The responsibility includes, among other things, feeding the ill, making decisions, and socialising. These demands might limit the amount of attention that can be devoted to the workplace (Musa, 2020:32). Balancing work and family life presents challenges to work attendance rates, as childcare and caring for an elderly parent or a sick child are recognised to contribute to absences from work (Baydoun et al., 2016:99).

### **2.10.2 Age**

Several studies done by Burmeister et al. (2019), Ku, Philips, and Fitzpatrick (2019:78), and Fiorini, Houdmont, and Griffiths (2020:103) reported an association between absenteeism and age, education, and work experience. Additionally, older age, overweight, and poor health workers were all found to impact nurse absenteeism (Burmeister et al., 2019:151). Age has been documented to affect absenteeism. As they get older, they frequently develop chronic medical conditions, which raises the absenteeism rate in this group. Age is among the most researched demographic characteristics associated with absenteeism, as reported by Goecke and Kunze (2020:467). Younger employees typically take shorter sick leave durations than older employees do, according to research (Baigi and Stewart, 2015:447). This might result from the fact that senior workers typically hold positions of responsibility, have stronger work ethics, and show a higher level of dedication to their jobs. As such,

the likelihood of their absence is reduced.

### **2.10.3 Gender**

Women employees tend to take time off more frequently than men do for a child's illness or accident (Masnad Alreshidi et al., 2019:658). This has been mentioned in a study done by Shahdaifat, Alolayyan, Rosario, and Al Ansari (2023:534) that women with young children typically miss more work. Despite being gone more frequently than males, females are missing for shorter durations of time (Gacia-Prado and Chawla 2006, cited by Duncombe, 2019:37) than males from the workplace. Since absence persisted throughout the trial, Singh and Sibiya (2015:15) did not find a connection between gender and absenteeism that was particularly noteworthy.

### **2.10.4 Health and Wellbeing**

Nurse absenteeism may be more closely linked to avoidance than to illness. This is especially true in the wards experiencing personnel shortages, as nurses are abruptly transferred to work in understaffed wards. This diminishes morale and increases absenteeism because most people find it challenging to work as a "floating nurse" in strange settings (Neubauer, 1992, as cited by Ndwandwe, 2021:29).

In a study done at the University Hospital in Nigeria, junior staff members made up the bulk of workers who missed work due to illness. In contrast, nurses, doctors, and senior staff members experienced fewer sickness episodes. Only 16% of the overall workforce had records of sickness absenteeism throughout three years, according to the study; therefore, the findings could not be regarded as definitive by Bamgboye and Adeleye (1992), as cited in Ndwandwe (2021:29).

The study done in Denmark by Thorsen, Pedersen, Flyvholm, Kristiansen, Rugulier, and Bultmann (2019:826) emphasised that more days missed due to illness are linked to a higher perceived stress frequency. Significant anxiety and depression at work were related to absence, which also resulted in decreased productivity and excessive absenteeism (Evans-Lacko, Koeser, Knapp, Longhitano, Zohar, and Kuhn, 2016:1011; Juurlink, Lamers, van Marle, Anema, and Beekman, 2020:20). Good health has a direct correlation with attendance, while poor health has an inverse correlation with it. One of the main pathologies that nurses frequently point to for extended absences is musculoskeletal problems (Boamah and Laschinger, 2015:267; Krane, Larsen, Stapelfeldt, Johnsen, and Risor, 2014:26). This is a result of the lifting and bending that they must do daily because these mechanical motions are more likely to result in an injury (Murray et al., 2013:449; Baydoun et al., 2016:98). In addition to physical health, mental health also has a significant impact on absence rates, with psychological problems (such as stress or exhaustion) being more prevalent during times of intense change in the healthcare system (Boamah and Laschinger, 2015:267).

According to Shdaifat et al. (2023:518–544), the study done in Saudi Arabia, the most prevalent reasons for absenteeism were minor illnesses, exhaustion from working long hours or shifts, and serious illnesses. These findings are consistent with earlier research (Shdaifat et al. (2023:528) that

discovered that mild illnesses and exhaustion related to work and shift duration were the most common reasons for absences. The main causes of sickness-related absenteeism among employees include excessive work hours, work overload, pressure, and the impact these have on employees' personal lives. Poor management practices may lead to increased employee absences due to illness (Shdaifat et al., 2023:519). However, in the same study, it was found that training, increased participation in problem-solving and decision-making, increased supervisory support, regular feedback, improved communication, and the development of a culture that does not tolerate excessive absenteeism are interventions that will enhance psychological health and decrease sickness-related absence. In the long run, these measures might lead to a decline in the absence of illness (Shdaifat et al., 2023:519).

### **2.10.5 Qualification and Experience**

The absenteeism rates of nurses with post-basic credentials are lower than those of nurses with basic credentials. They are content with their work, believe their jobs are very important, and, as a result, regularly show up for work (Singh and Sibiya, 2015:23).

## **2.11 WORK CHARACTERISTICS**

Work characteristics consist of independence, consistency, and teamwork. Strong job satisfaction results in low absenteeism in environments where there is workgroup cohesion. Ose (2005) cited by (Cholli et al., 2017:528). Nursing practitioners must work long hours and do a variety of duties, many of which can be demanding physically and can put them at risk for accidents and illness that cause them to miss work (Sabzi, Jafari, Bakhshian and Saadat Mehr, 2023:27-31). Research done by Jeretina, Kirt, and Starc (2017:76) found that job discontent, an excessive amount of work, and an overload of work are the main causes of absenteeism. Additionally, workplace violence is a major factor in high absence rates (Liu, Gan, Jiang, Li, Dwyer, Lu et al., 2019:927). Employment characteristics are related to productivity loss brought on by health- and work-related issues (Stromberg, Aboagye, Hagberg, Bergstrom and Lohela- Karlson 2017:1060).

### **2.11.1 Job Satisfaction**

Job satisfaction is said to be a major driving force behind absenteeism. employees who are more satisfied with their jobs tend to be less absent from work (Mayfield, 2020:715). More so, numerous frameworks currently exist that happier employees with certain parts of their occupations will be more motivated to report to work and thus have lower absenteeism rates. There is a constant link between job satisfaction and absenteeism (Magee et. al., 2016:24).

In a study done in South Africa at a public hospital in Gauteng province, nurses were not very satisfied with the motivational components of their jobs (Selebi and Minnaar, 2007:53). Recognition, freedom, responsibility, and the chance for creativity and invention were among these motivating factors. Lack of supervisor appreciation, a lack of sense of success, a lack of autonomy in the

workplace, decisions made by supervisors, a lack of innovation in the workplace, and strained relationships with supervisors were all factors that led to unhappiness. Based on a prospective study conducted in Japan (Inoue, Tsutsumi, Kachi, Eguchi, Shimazu, and Kawakami, 2020:390) people who reported feeling unsatisfied with their jobs took significantly more sick days.

### **2.11.2 Workload**

Workload concerns, when there is a link between the demands of the job and its physical consequences, are the root cause of absenteeism. Workloads can be physical, perceptual, subjective, social, and hierarchical (Fagerström and Vainikainen, 2014:3). Absence rates have been high where nurses are working long hours and/or in uncomfortable positions (Hayat Khan et al. (2021:137) as well as Nwokolo et al. (2022:26). The positive relationship between weariness workload and absenteeism was reported by Sagherian, Unick, Zhu, Derickson, Hinds and Geiger-Brown (2017:2934). In contrast, Dall'Ora, Ball, Redfern, Recio-Saucedo, Maruotti, Meredith et al. (2019:19) reported that those who work long shifts were linked to absenteeism. Stressful working conditions increase fatigue and the risk of negative effects on nurses' bodies, which leads to increased absenteeism. Heavy workload is a factor in nursing absenteeism, according to a mixed-methods study done in an Australian tertiary teaching hospital (Ticharwa et al., 2019:109). In the study done in South Africa, absenteeism increases the workload for nurses filling in for absent colleagues. It can result in instances where nurses become unmotivated, which may degrade the standard of patient care (Nyathi and Jooste, 2008:36).

### **2.11.3 Group Cohesion**

Members of groups with less educational experience and weaker group cohesion suffer more stress at work. High job turnover and high absenteeism rates are caused by interpersonal conflict and friction between nurse managers and nurses (Singh and Sibiyi, 2015:33). When positioned to work together, employees of similar social standing, outlook on life, and cultural background strengthen the cohesiveness of the group, resulting in less stress at work. A unit's size has an impact on group cohesion and absenteeism. The larger the unit, the poorer the group cohesion and the greater the absence rate (Garcia-Prado and Chawla, 2006, as cited by (Heba et al., 2021:33). In a study done by Singh and Sibiyi (2015:33), employees were urged to collaborate in teams. The workforce claimed that they were happier at work and felt more devoted to their coworkers. Conflict decreased, a sense of ownership emerged, and management reported a 50% reduction in absenteeism.

## **2.12 ORGANISATIONAL CHARACTERISTICS**

A review of the literature done in Canada by Villotti, Gagnamo, Lariviere, Negrini, Dionne, and Corbiere (2021:7) found that social support from supervisors and co-workers, workplace accommodations, job strain, organisational injustice, effort-reward imbalance at work, job demands, quality of leadership, and job control were the most important organisational factors for absenteeism.



Dissatisfaction with organisational and work variables, such as inadequate training and supervision, troubled work relationships, poor work group cohesion and morale, and the physical job design, are other factors that contribute to absence. Other organisational characteristics which lead to absenteeism include shift work, leadership management styles, psychosocial job demands, job demands, job satisfaction, and organisational commitment (Duncombe, 2019:39).

The organisational characteristics linked to absenteeism include resources such as infrastructure, labour, professional development, absence policies, possibilities for promotion, incentives, and decentralisation (Duncombe, 2019:39). The organisational factors like job payment, absence culture end policy, and job security may also result in absenteeism. Organisations can increase productivity, employee morale, and profit margins dramatically by reducing absenteeism rates by just one day per employee Shdaifat et al. (2023:518-544). There are several organisational traits listed that contribute to nurse absenteeism. Still, policies and practices, employee incentive programs, remuneration, and possibilities for promotion are discussed in the following section since these are the most important characteristics and directly related to this research study.

### **2.12.1 Policies and Practices**

According to Harter (2001, as cited by (Muthwa, 2019:32), companies should focus on developing a dedicated staff by fostering a culture that is intolerable to excessive absenteeism through adopting a disciplinary control program. The author also advises employing absentee management programs, negotiation, good communication with personnel about absenteeism causes, and adherence to policies and procedures promoting shared governance as measures to lower absenteeism (Muthwa, 2019:32). The nurse administrator can effectively lower absenteeism and increase the availability of treatment for patients through the use of a nonpunitive style of discipline. Although the organisation had an absence policy in place, Taunton et al. (1995, as cited by Muthwa, 2019:32) found that staff members were not properly informed about it, which resulted in a high absenteeism rate.

To lower absenteeism, organisations should maintain a balance between work and other facets of employees' lives. Implementing flexible work schedules and techniques to boost employee morale is recommended (Ndwandwe, 2021:31). The author states that workers who frequently miss work are pushed to alter their absence behaviour by receiving ongoing criticism, and an effort is made to reduce employee absences through an intervention called absentee feedback (Ndwandwe, 2021:31).

### **2.12.2 Employee Incentive Programs**

Rewarding consistent employee attendance with bonuses for on-time attendance or paying for every day of unused sick leave will serve as a deterrent to absenteeism (Lipovac, 2020:33). Employee wellness programmes and disability management can help to minimise absenteeism further. The Employees may receive rewards such as flexible scheduling to attend to family or school obligations,

as well as access to childcare facilities and these rewards help to maintain workers at their jobs (Lipovac, 2020:33).

### **2.12.3 Remuneration**

Work satisfaction is high for nurses who receive a competitive wage and benefits, as pay obtained for a certain job completed is referred to as remuneration (Tourangeau, Hall, Doran and Petch 2006 cited in Lipovac, 2020:33). The low pay, a heavy workload, limited career options, and prestige all operate against motivation and raise absenteeism states (Garcia- Prado and Chawla, 2006 as cited in Lipovac, 2020:33).

### **2.12.4 Promotion Opportunities**

Nursing staff unhappiness and absence may result from inadequate praise and incentives. Limited nursing career opportunities are a significant issue in many organisations. Advancements in the nursing profession are dependent on passing an interview and fitting certain requirements. Fewer prospects for promotion and the fact that new applicants are recruited from outside for top positions cause nurses to lose motivation, thereby increasing absenteeism (Kandemir and Sahin, 2017:6).

## **2.13 ABSENTEEISM THEORY AND MODEL**

### **2.13.1 Nicholson's Attachment Theory**

The attachment hypothesis of absenteeism was created by Nicholson (1977) to explain why people miss work. According to the attachment theory, it is normal for humans to attend work in most forms of employment because they are "attached" to regular work attendance. Therefore, looking for factors that cause absences is equivalent to looking for factors that disrupt this normalcy (Nicholson, 1977; Thirulogasundaram & Sahu, 2014). Nicholson created an "A-B" continuum, defining each position on the continuum based on obstacles to attendance. This made it possible to categorise absenteeism based on the degree to which personal choice affected it. Absences in category "A" were those in which personal choice had no bearing, while absences in category "B" were those in which choice did. As a result, absenteeism was preventable. The typological framework of absenteeism developed by Belita et al. (2013), which distinguishes between four types of absenteeism—planned, unplanned, and voluntary—is included in this model. Since voluntary, unplanned absenteeism is based on choice and is preventable, it falls into Nicholson's "B" range on the continuum, which is the subject of this study.

### **2.13.2 Steers and Rhodes 1978 Absence Model**

The absence model developed by Steers and Rhodes (1978) describes absenteeism as a consequence of both endogenous and external causes. Exogenous elements include one's

personality, obligations, and workplace circumstances. Job satisfaction and its antecedents, namely, job expectations and employee values, personal qualities and work circumstances, are linked to attendance motivation. Motivation for attendance and the capacity to attend work are examples of endogenous factors. These elements work together to predict employee attendance.

Figure 2.1 shows the condensed form of the Steers and Rhodes (1978) absence model. This model states that employee attendance or absenteeism is influenced by exogenous factors such as personal qualities (box 3), employment environment (box 1), and pressure to attend (box 5). Age, education, sex, tenure, and family size are examples of personal characteristics; job level, scope, workgroup size, role stress, leader style, coworker relationships, and advancement opportunities are examples of workgroup situations; incentive/reward systems, market and economic conditions, workgroup norms, organisational commitment, and individual work ethics are examples of pressures to attend.

Job satisfaction (box 4) and its antecedents, job expectations, and employee values (box 2) are the intervening mechanisms that connect personal traits and work situations to attendance motivation (box 6). Box 8 represents employee attendance as the result of multiplying two endogenous predictors: attendance motivation (box 6) and ability to attend (box 7). As a result, this model shows how both external and internal factors can affect employees' attendance and absence from work.

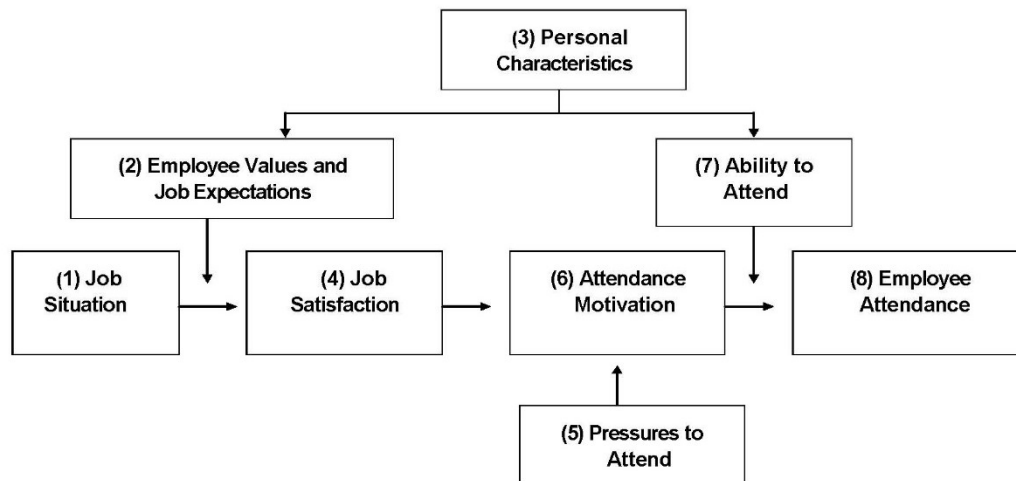


Figure 2.1 Steers and Rhodes' model of employee attendance Source: Steel, Rentsch & Van Scotter (2007:182).

Although Steers and Rhodes' (1978) absence model aims to include the reasons for both forms of absenteeism into one model, Nicholson's (1977) attachment theory makes a distinction between voluntary and involuntary absenteeism (the A-B continuum) (Rhodes & Steers, 1990; Steel et al., 2007). In the model, "attendance motivation" accounts for voluntary absence, while "ability to attend" (influenced by things like illness and accidents, family obligations, and transportation issues) accounts for involuntary absenteeism. In contrast to Gibson's paradigm, Steers and Rhodes' model makes no explicit mention of unscheduled, voluntary absences. Furthermore, rather than emphasising absenteeism, Steers and Rhodes' model focuses more on forecasting employee attendance. Absenteeism has historically been explained by theories based on the withdrawal theory, which considers job satisfaction and how it influences employees' decisions to attend or not (Steers & Rhodes, 1978). In the past, absenteeism was thought to be directly correlated with work discontent. Recent research, however, suggests that absent behaviour is more complicated than only a result of job satisfaction (Sabzi, Jafari, Bakhshian, Saadat Mehr, 2024:27-31).

#### **2.14 SUMMARY**

The literature provides several interpretations of the reasons behind absenteeism, each stressing various factors contributing to this widespread issue. However, in general, working conditions, job satisfaction, nurse characteristics, and organisational traits contribute most to the phenomenon. It appears that age, gender, health status, family responsibilities, stress, and even prediction play a part in forecasting absenteeism. In this study, we examine whether working conditions impact absenteeism using the medical and surgical department at the public hospital in Dammam.

## **CHAPTER 3 - RESEARCH METHODOLOGY**

### **3.1 INTRODUCTION**

Chapter three provides the research design and methods used in the study. It begins by presenting and describing the research design. The chapter continues to present and discuss research methods, including the population and sampling techniques used in the study. It also describes the research setting, data collection process and instrument, pilot testing of the instrument, and the validity and reliability of the instrument. Furthermore, the chapter focuses on describing the methods used for data analysis.

### **3.2 RESEARCH METHODOLOGY**

The term "research methodology" describes the particular methods used to collect, sort, handle, and evaluate data to address a research issue. In addition to explaining how data are created and analysed, the methodology generally aids in critically evaluating the study's credibility (Kumar, 2022:51). Research technique (Kumar, 2022:52) is the overall strategy used to complete a research project. (Schensul, 2016:71) were unable to distinguish between research design and technique; according to Lapan, Quartaroli, and Riemer (2012:11), the methodology results from combining frameworks and designs. In contrast, Flick (2019:722) maintains that methodology is a combination of approaches, design, and the complete process that influences the study selection. In research, strategies or approaches are crucial in selecting procedures used for data production and analysis (Fletcher, 2017:36).

### **3.3 RESEARCH DESIGN**

According to Gray et al., (2021:683), research technique is the strategy used to carry out the particular stages of a study. "The techniques researchers use to structure a study and to gather and analyse information relevant to the research question" is what (Polit and Beck, 2021:743) define as research methodologies. Research methods encompass several strategies and procedures used in research to provide new knowledge. These may include choosing a population, environment, study design, and data processing method (Gray et al., 2021:683; Liamputtong, 2017:519). Plans and procedures for data collecting and analysis in a study that incorporate various assumptions and methods are called research designs (Liamputtong, 2017:525; Polit and Beck, 2021:743). Gray et al. (2021:676) emphasised that a research design is the best method for addressing the research question while considering

variables like the number of research subjects, when data is collected, and whether research interventions are used.

Quantitative research is a formal, objective, systematic process implemented to obtain numerical data to understand aspects of the world (Gray et al., 2021:23). It is an investigation of phenomena that lend themselves to precise measurements and quantification, often involving rigorous and controlled design (Polit and Beck, 2021:741). The quantitative research design is appropriate for determining the extent of a problem and quantifying the variation of that problem (Hirose and Creswell, 2023:12-28). A descriptive quantitative research design was utilised to answer the research questions. Descriptive quantitative research focuses on accurate pictures of reality in a population and provides a picture of the situation or phenomenon being explored (Gray et al., 2021:676). It furthermore involves collecting quantitative information using questionnaires to produce valuable data that can be tabulated along a continuum in numerical form (Hirose and Creswell, 2023:12-28). In this study, the researcher used a descriptive quantitative research design to identify and describe factors that lead to absenteeism among nurses in the hospital under study.

### **3.4 RESEARCH METHODS**

Gray et al. (2021:719) define research method as "the procedure or plan for carrying out the precise steps of the investigation." The research method is used to organise a study as well as collect and analyse data in a methodical manner (Polit and Beck, 2021:727). e Quinlan, Babin, Carr and Griffin (2019:9) define research methods as essentially the techniques used to carry out a research study. As a result, research procedures typically relate to the instruments or strategies utilised to collect data during a study process (Humphries, 2017:51). The research methods are "the techniques researchers use to structure a study and to gather and analyse information relevant to the research question" (Polit and Beck, 2021:743). The population, setting, study design, and data analysis method are just a few of the procedures used in research methodologies, which are meant to provide new knowledge (Gray et al., 2021:683; Liamputtong, 2017:519).

#### **3.4.1 Research Setting**

The research setting refers to the physical place where all study information was collected. The study was conducted at one of the public hospitals located in Dammam City in the Eastern Province of the Kingdom of Saudi Arabia. Dammam is known for being a major administrative Centre for the Saudi oil industry and the capital of Eastern Province. This public hospital is a complex with six centres: A Diabetic Centre, an Ophthalmology Centre, a Rehabilitation Centre, a Dental Centre, a Renal Centre, and Trauma Centre and an outpatient

department. The complex also comprises 51 speciality clinics and 491 beds, including a long-term care facility in Dhahran, which serves the community with surgical, medical, operating theatre, a burns unit, and critical care departments as per the 2022 human resources update. Following the most recent international and medical standards, the network offers beneficiaries all services and medical treatment (Human Resources and Eastern Health Cluster, 2022). In this study, the focus was on absenteeism among all categories of nurses working in the medical and surgical wards. These wards cover 297 out of 491 beds during the time of data collection and hospital human resources update the wards or units bed distribution under new hospital management as reflected in Table 3.1. The surgical ward is divided into 4 units with a total of 156 beds covering different specialities, while the medical ward covers 141, including isolation departments. Table 3.1 (see page 25) represents the wards and bed distribution by specialities.

### **3.4.2 Population**

Population refers to an entire group about which some information must be ascertained (Asiamah, Mensah and Oteng-Abayie, 2017:1610). The group of people being studied for the research problem is known as the study population (Gray et al., 2021:687; LoBiondo-Wood, 2021:213). Gray et al. (2021:703) describe the population as all elements, including individuals and objects, that meet the sampling criteria for inclusion in a study. The population in this study refers to 776 nurses of different categories employed at the public hospital at the time of data collection.

The target population, which refers to the entire population in which the researcher is interested and about which the researcher would like to generalise the study's results (Polit and Beck, 2021:746), included 310 nurses of all categories working in the medical and surgical units of the Dammam public hospital. The accessible population, which forms a portion of a target population to which the researcher has reasonable access (Gray et al., 2021:671), included all nurses of all categories working in the medical and surgical units at the time of data collection, were able to give consent and interested in participating in the study.

### **3.4.3 Sampling**

Sampling refers to selecting units from a population of interest so that, by studying the sample, the researcher may fairly generalise the findings to the population from which they were chosen (Brink, van Der Walt and van Rensburg, 2018:124). As per researchers Diamantopoulos and Schlegelmilch (2004), as cited by (Ndwandwe, 2021:33), a sample

Table 3.1 Wards and beds as distributed by specialities

WARDS / UNITS	BED CAPACITY	SPECIALITIES	No of BEDS	TOTAL
<b>Surgical A</b>	<b>39</b>	General Surgery	29	<b>39</b>
		Vascular Surgery	4	
		Isolation	6	
<b>Surgical B</b>	<b>39</b>	Urology	6	<b>39</b>
		Paediatric	3	
		Bariatric Surgery	10	
		Maxilo-facial	4	
		Plastic Surgery	4	
		Chest Surgery	3	
		ENT	4	
		Ophthalmology	2	
		Isolation	3	
<b>Surgical C</b>	<b>39</b>	Orthopaedic	26	<b>39</b>
		Rehabilitation	10	
		Isolation	3	
<b>Neuro Sciences</b>	<b>39</b>	Neuro-surgery	26	<b>39</b>
		Neurology	10	
		Isolation	3	
<b>Total Surgical</b>	<b>156</b>			
<b>Medical Ward 1</b>	<b>40</b>	Internal Medicine	33	<b>40</b>
		isolation	7	
		Dermatology	2	



<b>Medical 2</b>	<b>39</b>	Endocrine	5	<b>39</b>
		Medical	21	
		Gastroenterology	8	
		Isolation	3	
<b>Medical 3</b>	<b>38</b>	Infectious Disease	12	<b>38</b>
		Pulmonary	6	
		Nephrology	10	
		Haematology	4	
		Rheumatology	4	
		Isolation	2	
<b>Isolation Ward</b>	<b>24</b>	All isolation Rooms	24	<b>24</b>
<b>Total Medical</b>		<b>141</b>		
<b>Total Surgical &amp; Medical beds</b>		<b>297</b>		

(Source Designated hospital February 2022)

is a subset of the population used to represent the full population. Due to limitations that make it impossible to include every member of the research community, a sample is taken (Schensul, 2016:83). Sampling is defined as "the process of selecting individuals to participate in a research study" (Kumar, 2022:44). A research project's sample is essential since it directs the investigation into identifying the particular group of subjects to be watched (Saunders, Lewis, and Thornhill, 2023:103).

The 310 nurses from the surgical and medical departments in the public hospital in the Eastern Province of Dammam, Saudi Arabia, were sampled employing total population sampling. Gray et al. (2021:716) define total population sampling as a type of purposive sampling technique that involves examining the entire population with a particular set of common characteristics (Gray et al., 2021:365). Total population sampling seemed the best sampling method for this study to ensure the researcher obtained an acceptable response rate. The medical and surgical departments were used for the survey due to the increased

absenteeism among all categories of nurses as provided by the human resources department in 2020 (see problem statement 1.2).

*Inclusion criterion*

Nurses of all categories who work in the medical and surgical departments.

*Exclusion criteria*

Nurses of all categories who are not working in the medical and surgical departments; healthcare professionals such as physiotherapists, social workers, and pharmacists; healthcare workers; ward secretaries; and stock controllers.

*Sample Size*

According to Creswell (2024:86), a sample size is the total number of subjects or items selected from the broader public to participate in the research. Based on the problem statement, total population sampling was decided to ensure a response rate of at least 60% (n=180) could be obtained. There are 310 nurses of all categories working in the surgical and medical departments.

**Table 3.2 Staffing for both surgical and medical departments**

<b>Department names</b>	<b>Head nurse</b>	<b>Staff nurses</b>	<b>Nursing assistants</b>	<b>Total</b>
Surgical department	4	137	14	155
Medical department	4	137	14	155
<b>Total</b>	<b>8</b>	<b>274</b>	<b>28</b>	<b>310</b>

**3.4.4 Data Collection**

This section describes data collection as acquiring exact and methodical information to reach conclusions based on the study objectives (Gray et al., 2017:45) and answer the study's research question (Polit and Beck, 2021:725). This section includes the data collection process and instrument.

**Data Collection Instrument**

The data was collected using a developed questionnaire based on a literature review on nurse absenteeism derived from various existing ones (see Annexure F). A questionnaire as a data collection instrument was decided upon because the data will provide the researcher with information about the frequency, distribution, and interrelationships of various occurrences in a population (Polit and Beck, 2020:323). The respondents tend to feel a great

sense of anonymity. They are more likely to provide honest answers when responding to questionnaires (Brink et al., 2018:147) and not feel threatened should they not participate as the researcher is one of the nurse managers in the hospital. Low answer rates and incomplete questionnaire submissions are the two main drawbacks of questionnaires (LoBiondo-Wood and Haber, 2021:516).

Using an online questionnaire in this study allowed the researcher to collect data quicker than it would have taken with a printed questionnaire. It further allowed the respondents to continue with their daily duties and allowed the participants to complete a questionnaire in their own time. The questionnaire used in this study was developed from a literature review on nurse absenteeism (for example, Prentice and Robinson, 2010) with the assistance of a statistician from the University of Pretoria. The questionnaire included 38 questions and was divided into three sections.

The questionnaire included the following sections:

- 3.4.4.1.1 **Section A:** included 6 items about the respondents' demographic data and general information.
- 3.4.4.1.2 **Section B:** included 32 items about the factors related to the nurses' absenteeism in the hospital. Section B was further divided into 3 sub-sections to include:
  - 3.4.4.1.2.1 Sub-section B1: characteristics of the nurse with 11 items.
  - 3.4.4.1.2.2 Sub-section B2: Characteristics of work consisted of 9 items.
  - 3.4.4.1.2.3 Sub-section B3: Characteristics of the organisation consisted of 12 items.
- 3.4.4.1.3 **Section C:** Included one open-ended question.

The purpose of the survey was to determine the factors that affect nurses' absenteeism; thus, participants were asked to score each item honestly and without bias. Five ratings were given on a Likert scale of 1 – 5, where 1—strongly disagree, 2—disagree, 3—neutral, 4—agree, and 5—strongly agree. Thirty-two questions were divided into three sections.

Section A included questions with multiple-choice responses. The respondents were instructed to choose whichever option applied to them.

Section B included statements that the respondents had to read and answer based on how much they agreed or disagreed with the statements.

Section C had an open-ended question, requiring the respondents to express what they perceived as the other factors that lead to nurse absenteeism at work.

### **Pilot testing of the Instrument**

To ascertain whether the instruments are suitable and sufficient, a pilot test was carried out

before the main research (Gray et al., 2021:686; LoBiondo-Wood and Haber, 2021:514). Piloting of the questionnaire was done by distributing the questionnaire to 23 nurses of various categories working in the hospital who were willing to assist the researcher in this endeavour. They were not working in either the medical or surgical department. Following the completion of the questionnaires, a discussion session was conducted to find out from these respondents whether the questionnaire was understandable and clear or whether it needed to be modified. All the questions, according to the respondents, were understandable and straightforward. The responses received during the pilot testing were not included in the data analysis/main study.

### **Validity of the Instrument**

Grove et al. (2019:708) define rigour as the pursuit of quality in a research project by the investigator through meticulous attention to detail, scrupulousness, and unwavering accuracy and discipline. In this study, the researcher committed to rigour by ensuring validity and reliability were upheld and followed (Grove et al., 2019:708). Validity is the extent to which a concept in a quantitative study is accurately measured (Heale and Twycross, 2015:66). It is a quality criterion referring to the degree to which an instrument measures what it is intended to measure (Polit and Beck, 2021:768). The researcher focused on content, face, internal and external validity to enhance the instrument's validity.

#### ***Content validity***

Content validity is defined as an assessment of how well the instrument represents all the components of the variables which will be used for data collection (Brink et al., 2018:166). Content validity, according to (Grove et al., 2019:334), ensures that the instrument assesses all parts of the construct. This type of validity is used in developing a questionnaire based on the literature review. The questionnaire used in this study was developed based on a literature review on nurse absenteeism and derived from various existing questionnaires used in different previous studies. Furthermore, to ensure that the contents of the questionnaire measure what they are supposed to measure, the questionnaire was pre-tested, as discussed in section 3.6.

#### ***Face Validity***

Face validity means the instrument, at face value, appears to measure what it is supposed to measure (Brink et al., 2018:166). To ensure face validity in this study, the questionnaire was reviewed by both the study supervisors and the statistician.

#### ***Internal validity***

Polit and Beck (2020:244) define internal validity as the degree to which one can draw conclusions about the independent variable instead of any other factor influencing changes

in the dependent variable. The researcher could ensure the study's internal validity by ensuring that the 23 nurses who took part in the pilot study were not included when the main study's data was being collected. This assisted in removing the testing effect, which could have caused participants to alter their attitudes in between tests, as suggested by Polit and Beck (2020:246) and Grove et al. (2017:199).

### ***External validity***

According to Bhandari et al. (2022), external validity refers to whether the researcher can reasonably generalise the findings from your sample to a larger population. Bhandari et al. (2022) further postulate that external validity depends on the choice of population and on the extent to which the study sample reflects the bigger population. In this study, to ensure external validity, the researcher used a total population sampling technique to include all nurses from various categories from medical and surgical units in the hospital under study. This allowed the generalizability of results to populations that share similar characteristics with the study's sample.

### **Reliability of the Instrument**

Reliability refers to the consistency and dependability of a research instrument measuring a variable (Polit and Beck, 2021:764). Data reliability can be ensured using internal consistency (Bless, Higson-Smith and Sithole, 2013:226). In this study, questionnaires were distributed consistently using an online platform, and all participants had access to the same questionnaire. According to Heale and Twycross (2015:67), to promote internal consistency, the researcher ensured that the instrument measured the phenomenon under investigation for all categories of nurses who participated in the study, and it could yield approximately similar responses each time it was completed by the same participants.

### **Data Collection Process**

After obtaining permission from all the gatekeepers (see Annexure A) and discussing the aim, objectives, and procedures to be followed, the researcher approached the managers to ask permission to share the link with the staff members. The operational managers of each department have a WhatsApp® group with all their staff members on it. The researcher then shared the link with the 310 nurses of various categories in the medical and surgical departments. Those who were interested in the study followed the link which gave them access to a participant information leaflet, consent, and the questionnaire (see Annexure F) on Google® docs. The potential participant would open the link, which first gave them access to the participant information leaflet, which contained information about the study and the researcher's contact details in case of clarification or further information to participants, after which the potential participant gave consent by clicking "yes" to proceed to the questionnaire,

or “no” to indicate that they have decided not to participate in the study. After completing the questionnaire, the respondents submitted their questionnaires, which were then accessed by the researcher for data capturing and analysis.

### **Response Rate**

In this survey, a response rate of 60% (n=180) was expected. Out of 310 nurses, 170 completed the questionnaire, meaning slightly less than the expected response rate was achieved (approximately 54.8%). Transparency in reporting this limitation will allow readers to evaluate the generalisability of the results for themselves.

### **3.5 DATA CAPTURING AND ANALYSIS**

Data was captured to record questionnaire responses and transfer them into a single spreadsheet. The data were then assessed and cleaned to ensure consistency and quality. Data analysis refers to the systematic organisation of and synthesis of research data (Polit and Beck, 2021:726). It is done to make sense of the information gathered. Data analysis encompasses all strategies used to define demographic and research variables in quantitative investigations (Grove et al., 2017:46).

In this study, data analysis was performed using descriptive statistics, which refer to procedures that describe numerical data, and assist in organising, summarising, and interpreting quantitative data (Bhandari, 2020:12). The analysis process included data capturing, data cleansing and data encoding. Data encoding and analysis was done using the IBM SPSS version 25.0. Multiple regression data analysis and correlational analysis were also performed to identify links between the factors that influence nurse absenteeism. The results were presented as frequencies and proportions as expressed in percentages and tabular and graphical formats. Exploratory factor analysis (EFA) has been calculated by applying the Kaiser-Meyer-Olkin Measure (KMO) of Sampling Adequacy and Bartlett's Test of Sphericity (Harerimana and Mtshali, 2020:222). The Cronbach alpha coefficient was used to determine the reliability; it measures the internal consistency of a composite measure made of numerous subparts (Polit and Beck, 2021:726). Spearman's correlation coefficient ( $r_s$ ) was used to ascertain the correlation between the factors for nurses, work conditions and the organisation (Marczewska and Kostrzewski, 2020:22). The open-ended question was analysed using Word Cloud. “Word clouds, also known as tag clouds or term clouds, are an emerging technology for analyzing qualitative data.” (Byrd Sellers, Sherrod and Chappel-Aiken, 2018:51). According to these authors, word clouds provide an easy, quick, and meaningful way to analyse qualitative data. Analysis, using word clouds, provides meaningful interpretations through colourful words with different text sizes. With word cloud software, word frequencies are examined by identification of tags, and they are displayed based on font

size or colour. Words or concepts that are mentioned more often will be included in a larger font or text size in the word cloud, and those mentioned less frequently will be included in a smaller font or not at all. The visual representation provides viewers with an opportunity to identify relationships and patterns among the keywords or phrases included (see 4.5).

### **3.6 ETHICAL CONSIDERATIONS**

The University of Pretoria's Faculty of Health Sciences Research Ethics Committee approved the study's ethical conduct (Ethics Reference No. 309/2021) (see Annexure D). The study has also received ethics approval from the DMC (Hospital name withheld) Institutional Review Board (log 31) in Saudi Arabia (see Annexure C). According to the ethical principles of self-determination, confidentiality, and beneficence, more details are discussed in chapter one. The study tried to shield participants from any discomfort while abiding by the ethics and standards of academic research. Following is a discussion of ethical considerations addressed during the study:

#### **3.6.1 Informed Consent**

Each participant received information about their rights and benefits and was made aware that their participation was entirely voluntary and unpaid. Before asking if they would like to take part in the study, each was made aware of its objectives and methodology. Participants were never misled about the aim of the study at any point during the investigation. Each participant read the study description and the informed consent form (See Annexure F) before they could complete any of the questionnaires. A reasonable explanation of the procedure and associated hazards, together with an invitation to inquire further about the procedures, were provided in the informed consent letter. Participants understood that they could exit the questionnaire at any time before submission or decline to participate.

#### **3.6.2 Anonymity and Privacy**

Participants' privacy was protected because the researcher only used the data for the purposes for which it was intended and informed the participants. The promise that anonymity would be upheld and that all identifying information would be eliminated from the data was made to the participants when they were first approached. Respondents were not asked for identification in any way. To do this, they were referred to as participants. They were further guaranteed that they would not be identifiable in the research report or any forthcoming journal articles.

The study's hard copy data was kept in a locked data storage cabinet. A computer that required passwords was used to store digital data. Only the research team had access to the data. As per University of Pretoria regulation, both hard copy and digital material will be kept for fifteen years in

a secured cabinet or on a password-protected computer before being responsibly destroyed.

### **3.6.3 Harm to Participants**

Engagement in this study did not harm participants. Because anonymity was preserved throughout the investigation, there was little chance of any data being directly connected to any individual. Furthermore, participants were allowed to omit any questions from the questionnaire that they did not feel comfortable answering.

### **3.7 BIAS**

According to Polit and Beck (2021:176), a bias is an influence that leads to a distortion or mistake in the study's findings. By maintaining objectivity and preventing subjective ideas or emotions from influencing the data collection process, the researcher avoided bias. To prevent sample imbalances, the sample consisted solely of nurses working in medical and surgical units, not including nurses from other departments. To guarantee correct outcomes, the researcher closely monitored the research process and worked with his supervisors and a statistician from the University of Pretoria to assist him in this process.

### **3.8 SUMMARY**

This chapter provided a detailed exposition of the research design and methods, including the research setting, sampling, data collection, and data management and analysis. In Chapter Four, the results are presented.



## CHAPTER 4 – RESULTS

### 4.1 INTRODUCTION

The researcher covered the study's research design and methods in the previous chapter. In this chapter, the researcher presents the research results based on the information gathered via a structured questionnaire to satisfy the study's research questions and objectives. The study aimed to identify factors contributing to absenteeism among nurses working in the medical and surgical wards of a public hospital in Dammam, Saudi Arabia.

The objectives to be achieved in this study were as follows:

- To identify and describe the factors related to absenteeism among all categories of nurses working in the medical and surgical wards in a public hospital in Dammam, Saudi Arabia.
- To make recommendations on managing nurses' absenteeism in the medical and surgical wards at the designated hospital.

The questionnaire contained three sections: Section A covered demographics, Section B covered factors that contribute to absenteeism via characteristics of a nurse, work, and organisation, and Section C was an open-ended question about what participants think can be the factors contributing to absenteeism. In total, there were 39 questions.

### 4.2 DATA ANALYSIS

In this chapter, the results are presented. The IBM Statistical Package for Social Sciences (SPSS) version 27 software was used for the analysis. Descriptive statistics such as means, medians, and standard deviations were performed for continuous variables to identify and describe the factors related to absenteeism among all categories of nurses in the medical and surgical departments of the hospital. Frequency tables depict counts and percentages for Section A of the questionnaire. The Pearson Chi-square test was performed to test associations between categorical variables. Exploratory factor analysis (EFA) has been calculated by applying the Kaiser-Meyer-Olkin Measure (KMO) of Sampling Adequacy and Bartlett's Test of Sphericity. The KMO is used to examine the adequacy of the sample and the suitability of the data for factor analysis. Bartlett's Test of Sphericity must provide a significant chi-square output ( $p < 0.05$ ) for factor analysis to be suitable. (Harerimana and Mtshali, 2020). A total of 170 questionnaires were completed and used for analysis. This was slightly less than the expected 60% response rate. Results are presented section by section.

### 4.3 SECTION A: DEMOGRAPHIC AND GENERAL INFORMATION

The participants were requested to provide demographic and general information about gender, age group, nationality, highest level of education, tenure, and work department in the hospital.

#### 4.3.1 Gender

Figure 4.1 depicts the gender distribution of staff who participated in the survey.

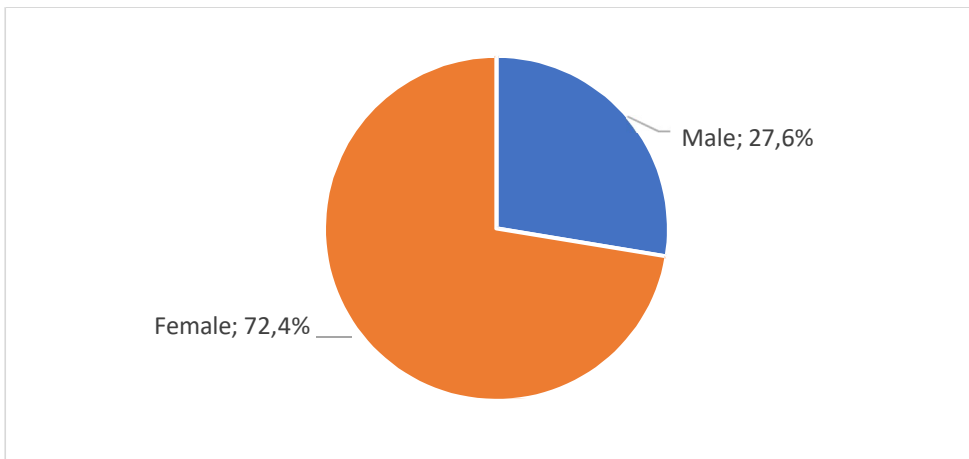


Figure 4.1 *Distribution of participants by gender category*

It is clear from Figure 4.1 that almost three-quarters of the staff members who participated in the survey were females (72.4%) (n=123), while the percentage of males was 27.6% (n=47). The gender distribution of participants shows a predominance of females over males in the sample, and this is reflective of the work environment itself. Most employees in the nursing profession and the care industry tend to be female, whilst participants were female, boosting more reason for their high absenteeism because female nurses are expected to care for children, and they were more absent than male nurses. This is supported by (Jansen, Otten and van der Zee, 2017:886); female nurses are more likely to take advantage of this form of leave, which results in absenteeism.

### 4.3.2 Age Group

Table 4.1 *Distribution of participants by age category*

Age group	<i>n</i>	%
18-24	17	10.0
25-34	98	57.6
35-44	50	29.4
More than 44	5	2.9
<b>Total</b>	<b>170</b>	<b>100.0</b>

In Table 4.1, it is clear that one in ten of the staff who participated in the survey are between the ages of 18 and 24 years, while a further 87% (n=148) are between 25 and 44 years. Only about 3% (n=5) of the participants were in the category of more than 44 years of age. As a result, early adulthood nurses, in their 23 and 34 years, were not always present at work. This was followed by the early middle-aged nurses between 35 and 44 years who missed work on alternative weeks/months compared to those under 23 years nurses who missed work more regularly.

### 4.3.3 Nationality

Figure 4.2 illustrates the participants' nationality.

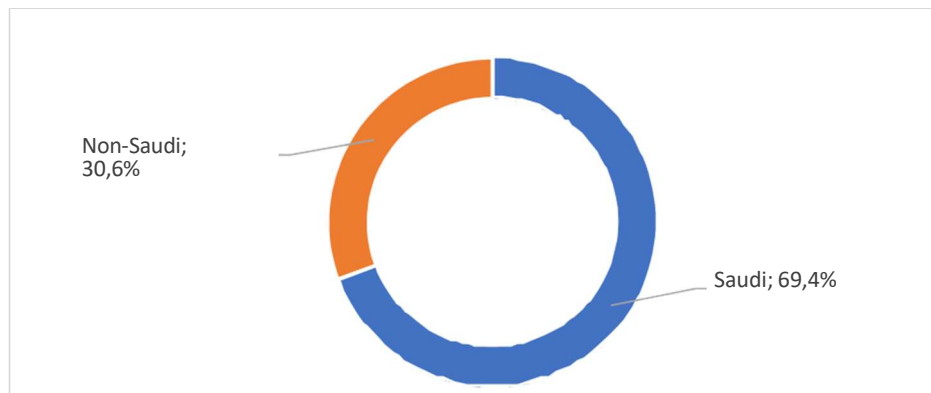


Figure 4.2 *Distribution of participants by nationality*

The data in Figure 4.2 shows, as expected, that most of the participants, 69.4% (n=118), were Saudi nationals, with non-Saudi nationals making up the remaining 30.6% (n=52). Due to their family responsibilities, Saudi nurses had a much higher absenteeism rate than non-Saudi nurses.

#### 4.3.4 Highest Level of Education

Table 4.2 illustrates the participants' highest level of education.

Table 4.2 *Distribution of participants by highest level of education*

Highest Qualification	<i>n</i>	%
Nursing certificate	20	11.8
Diploma in Nursing	74	43.5
Bachelor's in Nursing	63	37.1
Master's in Nursing	12	7.1
PhD	1	0.6
<b>Total</b>	<b>170</b>	<b>100.0</b>

The majority of the participants indicated that their highest level of qualification is a diploma in nursing 43.5% (n=74), followed by 37.1% (n=63) who possessed a bachelor's degree in nursing, 11.8% (n=20) held a nursing certificate; and 12 (7.1%) held a master's degree. Only 0.6% (n=1) of the participants had a PhD (doctorate) in nursing. The nurses with a nursing diploma who were less experienced and educated were far more likely to miss work than nurses with a bachelor's degree in nursing.

#### 4.3.5 Years of Experience

Table 4.3 illustrates participants' years of experience in the organisation/ hospital.

Table 4.3 *Distribution of participants by years of experience*

Years of experience	<i>n</i>	%
0-5 years	36	21.2
6-10 years	72	42.4
11-20 years	55	32.4
More than 20 years	7	4.1
<b>Total</b>	<b>170</b>	<b>100.0</b>

It is clear from Table 4.3 that most of the participants (74.8%) (n=127) have been employed in the organisation/hospital for 6 to 20 years, whereas about a zero to fifth (21.2%) (n=36) of the

participants have been in organisation/ hospital for five years or less. Only 4.1% (n=7) of the nurses had a tenure of more than 20 years. It was shown that nurses with a minimum of 10 years of experience only missed work alternatively, but those with less than 5 years of experience missed work regularly.

#### 4.3.6 Work Department

Figure 4.3 illustrates data regarding the participants' work department.

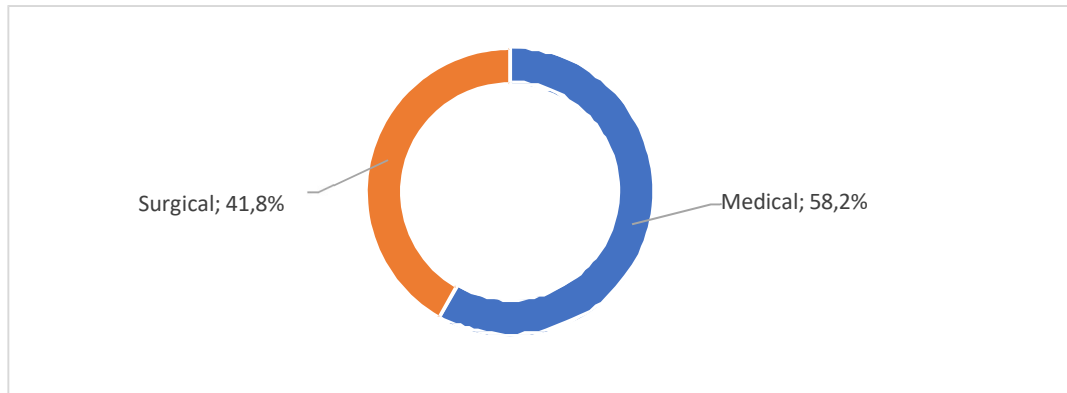


Figure 4.3 *Distribution of participants by work department*

As shown in Figure 4.3, most of the participants (58.2%) (n=99) were based in the medical department, while the remaining 41.8% (n=71) worked in the surgical department.

#### 4.4 SECTION B: NURSE, WORK AND ORGANISATION CHARACTERISTICS

To determine the number of factors to be retained in this study, Kaiser's criterion (eigenvalue greater than 1 rule) was used. This rule meant that if a factor had an eigenvalue of less than 1, it had to be retained for further analysis, while if the eigenvalue was less than 1, the factor had to be removed. Cronbach's Alpha was used to measure reliability. Sections 4.4.1, 4.4.2, and 4.4.3 discuss the validity and reliability of the items of Nurse, Work, and Organisation characteristics, respectively.

##### 4.4.1. Nurse Characteristics

The nurse characteristics are measured by a total of 11 items in the survey. Table 4.4 showcases data on the characteristics of the surveyed nurses. Nurse characteristics refer to features of nurses' lives, such as health, family duties, and personal circumstances that contribute to a nurse's absence from work.

Table 4.4 *Characteristics of the nurse*

Statement		Disagree		Neutral		Agree	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1	I am looking after my family members, e.g. sick mother or child, etc.	32	18.8	26	15.3	112	65.9
2	I do not like the job I am doing or the wrong profession.	91	53.5	32	18.8	47	27.6
3	I suffer from minor ailments, e.g. backache etc.	37	21.8	35	20.6	98	57.6
4	I do not have a good relationship with my colleagues.	91	53.5	33	19.4	46	27.1
5	I suffer from stress-related illness, e.g. tiredness, etc.	34	20.0	32	18.8	104	61.2
6	I am feeling lazy to do the work.	85	50.0	33	19.4	52	30.6
7	I am unable to assume full responsibility for my work.	93	54.7	36	21.2	41	24.1
8	I suffer from chronic medical conditions.	72	42.4	33	19.4	65	38.2
9	I have financial problems.	75	44.1	38	22.4	57	33.5
10	I find it difficult to deal with social matters. *	87	51.2	36	21.2	47	27.6
11	I have a transport problem, taking a taxi, bus etc.	88	51.8	27	15.9	55	32.4

\*e.g. socialising in a group and or maintaining good interpersonal relations with others.

The data in Table 4.4 shows that the most prominent factor that may cause nurse absenteeism from work is having to look after family members, for example, a sick mother or child. The level of agreement associated with this factor was the highest at 65.9% (n=112). Nurses may be suffering from stress-related illnesses such as tiredness, which is a principal factor contributing to their absenteeism from work. This aspect is associated with a level of agreement of 61.2% (n=104). Suffering from minor ailments such as headaches, with a level of agreement of 57.6% (n=98), is one of the foremost factors contributing to nurse absenteeism from work. On the other hand, it is encouraging that more than half of the surveyed nurses like their profession and the job that they are doing. In this regard, more than half of the participants (53.5%) (n=91) disagreed with the notion that they disliked their professional job. A similar proportion also responded that they disagreed with the aspect that they did not have a good relationship with their colleagues. Again, it is notable that 54.7% (n=93) of the respondents disagreed that being unable to assume full responsibility for their work contributed to nurse absenteeism. However, it is of concern that about half of the participants (51.2%) (n=87) said that for nurses, not being able to deal with social matters such as socialising in a group and or maintaining good interpersonal relations with others was a contributing aspect to nurse absenteeism. A similar proportion of participants (51.8%) (n=88) responded that experiencing transportation challenges when travelling to work contributed to nurse absenteeism. It is further of concern that half of the participants said that being lazy to do their professional nursing duties may contribute to their absenteeism from work.

In the analysis presented in this study, the factorability of the items was assessed using the **Kaiser-Meyer-Olkin Measure of Sampling Adequacy and Bartlett's Test of Sphericity**. The analysis of communality values measuring nurse characteristics showed that one item (item 5, 'I suffer from stress-related illness, e.g., tiredness etc.) had a communality value of less than 0.30. This item was subsequently excluded from the analysis. The exploratory factor analysis (EFA) results for the 10 remaining items measuring nurse characteristics are presented in Table 4.5.

Table 4.5 Results of KMO-MSA and Bartlett's Test for Nurse Characteristics

KMO-MSA and Bartlett's Test		
<b>Kaiser-Meyer-Olkin Measure of Sampling Adequacy</b>		0.875
<b>Bartlett's test of sphericity</b>	Approx. chi-square	624.231
	df	45
	Sig.	<0.001

The results of the KMO-MSA and Bartlett's test for nurse characteristics showcase a KMO-MSA measure of sampling adequacy of 0.875. This value is above the recommended value of 0.60. The p-value of Bartlett's test of sphericity ( $p = <0.001$ ) is smaller than 0.05, indicating statistical significance. This meant that the correlation structure of the construct was adequate to conduct EFA. The communalities of nurse characteristics are described next.

Communalities indicate the amount of variance in each variable that is accounted for by all components or factors and show the extent to which individual items in a construct correlate with each other. Items with initial and extraction values close to 1 strongly correlate with each other (Hair, Sarstedt, Ringle and Gudergan, 2023:24). Table 4.6 shows the communalities of nurse characteristics.

Table 4.6 *Communalities of Nurse Characteristics*

Item	Statement	Initial	Extraction
1	I am looking after my family members, e.g. sick mother or child etc.	0.335	0.677
2	I do not like the job I am doing or the wrong profession.	0.420	0.388
3	I suffer from minor ailments, e.g. backache etc.	0.266	0.301
4	I do not have a good relationship with my colleagues.	0.551	0.583
5	I am feeling lazy to do the work.	0.524	0.606
6	I am unable to assume full responsibility for my work.	0.546	0.620
7	I suffer from chronic medical conditions.	0.403	0.422
8	I have financial problems.	0.358	0.381
9	I find it difficult to deal with social matters, e.g. socialising in a group or maintaining good interpersonal relations with others.	0.371	0.321
10	I have transport problems, taking a taxi, bus etc.	0.449	0.466

Table 4.6 provides the communalities for the 10 items measuring nurse characteristics. One item (item 5, 'I suffer from stress-related illness, e.g., tiredness, etc.) had a communality value of less than 0.30. Thus, item 5 was subsequently excluded from the analysis. The 10 items' communalities depicted in Table 4.6 range from 0.301 to 0.677. The communality values are considered acceptable as they are all above 0.30. This implies that there is a strong correlation among all 10 items measuring nurse characteristics.

The Principal Axis factoring method was used because it is assumed that the underlying factors are correlated. Table 4.7 showcases the factor structure of nurse characteristics.



Table 4.7 *Factor Structure of Nurse Characteristics*

Item	Factors	
	1	2
6	I am feeling lazy to do the work.	0.840
7	I am unable to assume full responsibility for my work.	0.822
4	I do not have a good relationship with my colleagues.	0.712
11	I have a transport problem, taking a taxi, bus etc.	0.640
8	I suffer from chronic medical conditions.	0.633
10	I find it difficult to deal with social matters.	0.591
2	I do not like the job I am doing or the wrong profession.	0.551
9	I have financial problems.	0.547
1	I am looking after my family members e.g. sick mother or child etc.	0.827
3	I suffer from minor ailments, e.g. backache etc.	0.521

Table 4.7 indicates that 2 factors were extracted in the EFA. A total of 8 items were loaded onto Factor 1 (6, 7, 4, 11, 8, 10, 2 and 9) and 2 items were loaded onto Factor 2 (1 and 3). However, for a construct to be regarded as stable, it should be measured by 3 or 4 items. For the current study, the first factor will be adopted. This factor will be named 'Nurse'. The Kaiser's criterion and cumulative percentage of variance were used to determine if the factor should be retained. Table 4.8 presents the results.

Table 4.8 shows that only two factors had an eigenvalue greater than 1 and accounted for 57.44% of the cumulative variance, which is above the recommended cut-off point of between 50% and 60% (Hair et al., 2023:24). Therefore, the factor was retained for further analysis.

Table 4.8 *Eigenvalue and cumulative percentage of the variance of Nurse Characteristics*

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.578	45.778	45.778	4.075	40.751	40.751
2	1.166	11.665	57.443	0.691	6.914	47.665
3	0.851	8.512	65.955			
4	0.654	6.543	72.498			
5	0.605	6.050	78.548			
6	0.577	5.770	84.318			
7	0.522	5.217	89.535			
8	0.391	3.912	93.447			
9	0.348	3.476	96.923			
10	0.308	3.077	100.000			

#### 4.4.2 Work Characteristics

Table 4.9 provides the distribution of the responses in terms of the work characteristics. Work characteristics refer to the degree of freedom and independence that nurses have in the workplace.

Table 4.9 *Characteristics of the Work*

Statement		Disagree		Neutral		Agree	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1	Insufficient staffing levels to handle the number of patients.	19	11.2	27	15.9	124	72.9
2	Working on weekends or night shifts being the problem.	39	22.9	41	24.1	90	52.9
3	Intolerance of other staff absenteeism.	20	11.8	37	21.8	113	66.5
4	Doing extra job(s) or part-time outside the company/hospital.	85	50	34	20	51	30
5	Lack of knowledge and practical skills about other multidisciplinary team.	83	48.8	35	20.6	52	30.6
6	Unclear roles in the unit, e.g. to the duties of other multidisciplinary team.	44	25.9	48	28.2	78	45.9
7	No training opportunities to improve knowledge and skills.	62	36.5	37	21.8	71	41.8
8	Lack of flexibility on working hours.	48	28.2	36	21.2	86	50.6
9	Unable to perform duties without job description.	71	41.8	40	23.5	59	34.7

The data showcased in Table 4.9 illustrates that the most prominent factor related to the characteristics of the workplace cited by the participants as contributing to nurse absenteeism is the insufficient staffing levels that are required to handle several patients. This factor is associated with a level of agreement of 72.9% ( $n=124$ ). It is also notable that 66.5% ( $n=113$ ) of the participants agreed that intolerance of other staff absenteeism also contributed to nurse absenteeism. Slightly more than half of the participants (52.9%) ( $n=90$ ) agreed that working during weekends and night duties was the major problem. About half of the participants (50.6%) ( $n=86$ ) concurred that the lack of flexibility in working hours contributed to nurse absenteeism from work. Contrary to these observations, half of the participants disagreed that doing extra jobs or part-time jobs outside the company or hospital was a contributory factor to nurse absenteeism from work. In addition, slightly less than half of the participants (48.8%) (83) disagreed that lack of knowledge and practical skills regarding certain procedures contributed to nurse absenteeism from work.

This section furthermore reports the results of the KMO-MSA and Bartlett's test of sphericity, communalities, factor structure, and eigenvalues for the factor Work characteristics. Table 4.10 indicates the results of the KMO-MSA and Bartlett's test of sphericity regarding the characteristics of work.

Table 4.10 *Results of KMO-MSA and Bartlett's Test for Work Characteristics*

<b>KMO-MSA and Bartlett's Test</b>		
<b>Kaiser-Meyer-Olkin Measure of Sampling Adequacy</b>		<b>0.780</b>
<b>Bartlett's test of sphericity</b>	Approx. chi-square	273.677
	df	21
	Sig.	<0.001

The KMO-MSA was 0.780, and the p-value of Bartlett's test of sphericity ( $p = <0.001$ ) was smaller than 0.05, i.e., statistically significant. This meant that the correlation structure of the construct was adequate to conduct EFA. Table 4.11 shows the communalities of Work characteristics.

Table 4.11 *Communalities of Work Characteristics*

<b>Item</b>	<b>Statement</b>	<b>Initial</b>	<b>Extraction s</b>
<b>1</b>	Insufficient staffing levels to handle the number of patients.	0.223	0.294
<b>2</b>	Working on weekends or night shifts is the problem.	0.304	0.631
<b>5</b>	Lack of knowledge and practical skills about certain procedures.	0.340	0.369
<b>6</b>	Unclear roles in the unit, e.g. the duties of other multidisciplinary team.	0.281	0.341
<b>7</b>	No training opportunities to improve knowledge and skills.	0.448	0.612
<b>8</b>	Lack of flexibility on working hours.	0.290	0.345
<b>9</b>	Unable to perform duties without job description.	0.336	0.515

The 7 items' communalities ranged from 0.294 to 0.631 and were acceptable, as they were all above 0.30. This meant that there was a strong correlation among all 7 items.

Table 4.12 reports on the factor structure of Work characteristics.

Table 4.12 *Factor Structure of Work Characteristics*

Item	Statement	Factor	
		1	2
9	Unable to perform duties without job description.	0.780	
7	No training opportunities to improve knowledge and skills.	0.770	
8	Lack of flexibility on working hours.	0.516	
5	Lack of knowledge and practical skills about other multidisciplinary team.	0.474	
6	Unclear roles in the unit, e.g. to the duties of other multidisciplinary team.	0.413	
2	Working on weekends or night shifts being the problem.		0.806
1	Insufficient staffing levels to handle the number of patients.		0.514

Table 4.12, which presents the factors and their loadings, shows that two factors were extracted regarding Work characteristics. Both these factors explained 59.10% of the variance. Eight items load the first factor, and two items load the second factor. However, for a construct to be regarded as stable, it should be measured by three or four items. For this study, the first factor will be adopted. This factor will be named ‘Work’.

The Kaiser’s criterion and cumulative percentage of variance were used to determine if the factor should be retained. Table 4.13 provides the outcomes.

 Table 4.13 *Eigenvalue and cumulative percentage of variance of Work Characteristics*

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.938	41.973	41.973	2.395	34.221	34.221
2	1.199	17.128	59.101	0.712	10.166	44.387
3	0.729	10.419	69.520			
4	0.659	9.410	78.929			
5	0.606	8.659	87.589			
6	0.473	6.764	94.353			
7	0.395	5.647	100.000			

The data in Table 4.13 shows that only two factors had an eigenvalue greater than 1 and accounted

for 59.10% of the cumulative variance, which is above the recommended cut-off of points between 50% and 60% (Hair et al., 2023:24). Therefore, the factor was retained for further analysis.

#### 4.4.3 Characteristics of the Organisation

Regarding the organisation's characteristics, 12 items were assessed for factorability, and 3 were excluded (1 had a communality value of less than 0.30, and the other two items were cross-loading on both factors). Table 4.14 showcases the distribution of the responses in terms of the organisation's characteristics. The organisation's characteristics refer to all the different problems the institution has that may contribute to a nurse's absenteeism.

Table 4.14 *Characteristics of the Organisation*

Statement		Disagree		Neutral		Agree	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1	Lack of knowledge and information about the work in the organisation/hospital.	81	47.6	45	26.5	44	25.9
2	There is unfair promotion in the organisation/hospital.	49	28.8	46	27.1	75	44.1
3	Policy on nurses' absenteeism is not rigorous controls.	39	22.9	42	24.7	89	52.4
4	Lack of appropriate recognition and rewards from the organisation/hospital.	37	21.8	45	26.5	88	51.8
5	There is shortage of staff in the department.	39	22.9	26	15.3	105	61.8
6	Lack of vacation from the organisation/hospital.	45	26.5	29	17.1	96	56.5
7	No overtime payment from the organisation/hospital.	33	19.4	26	15.3	111	65.3
8	Lack of motivation to go to work.	41	24.1	30	17.6	99	58.2
9	It is easier to get a sick leave from employee clinic or private doctors.	69	40.6	29	17.1	72	42.4
10	Shortage of job equipment (Blood pressure machine, computers, stationery or Laboratory needs).	44	25.9	30	17.6	96	56.5
11	Poor disciplinary procedure to follow nurses' absenteeism from hospital administration.	36	21.2	38	22.4	96	56.5
12	Staff ignorance of hospital policy and rules of absenteeism.	32	18.8	44	25.9	94	55.3

The data provided in Table 4.14 reveals that the most agreement for contribution to absenteeism at the organisational level by the participants was associated with the absence of overtime payment from the organisation/ hospital (65.3%) (n=111). Second to this is that there is a shortage of staff in the departments (61.8%) (n=105). Nearly 60% (n=99) of the participants also said they thought

that lack of motivation to go to work was a factor at the organisational level that is responsible for nurse absenteeism. In addition, (56%) (n=96) said that lack of vacation from the organisation/hospital was a prominent factor for nurse absenteeism at the organisational level, as also was the shortage of job equipment such as blood pressure machines, computers, stationery, or laboratory needs and poor disciplinary procedures to follow nurses' absenteeism from the hospital administration. It is also of concern that slightly more than half of the participants (53.3%) (n=94) said that staff ignorance of hospital policies and rules of absenteeism was an aspect responsible for nurse absenteeism at the organisational level. In a similar vein, (51.8%) (n=88) of the participants responded that they believed that the lack of appropriate recognition and rewards from the organisation/hospital was a factor contributing to nurse absenteeism. On the other hand, a notable proportion of the participants (47.6%) (n=81) on the Likert scale spectrum disagreed that the lack of knowledge and information about the work in the organisation/hospital contributed to nurse absenteeism. Table 4.15 presents the results of the KMO-MSA and Bartlett's test of sphericity regarding the organisation's characteristics.

Table 4.15 *Results of KMO-MSA and Bartlett's Test for Organisation Characteristics*

<b>KMO-MSA and Bartlett's Test</b>		
<b>Kaiser-Meyer-Olkin Measure of Sampling Adequacy</b>		0.845
<b>Bartlett's test of sphericity</b>	Approx. chi-square	558.452
	df	36
	Sig.	<0.001

The data in Table 4.15 shows that the KMO- MSA was 0.845. The value of the KMO-MSA is above the recommended value of 0.60. The Bartlett's test of sphericity was significant ( $p < 0.001$ ). Table 4.16 shows the communalities of Organisation characteristics.

Table 4.16 *Communalities of Organisation Characteristics*

Item	Statement	Initial	Extraction
2	There is an unfair promotion in the organisation/hospital	0.403	0.369
3	Policy on nurses' absenteeism is not rigorous controls.	0.527	0.503
4	Lack of appropriate recognition and rewards from the organisation/hospital.	0.493	0.578
5	There is a shortage of staff in the department.	0.452	0.478
6	Lack of vacation from the organisation/hospital.	0.413	0.413
7	no overtime payment from the organisation/hospital.	0.484	0.476
8	Lack of motivation to go to work.	0.438	0.466
11	Poor disciplinary procedure to follow nurses' absenteeism from hospital administration.	0.347	0.514
12	Staff ignorance of hospital policy and rules of absenteeism.	0.373	0.544

As shown in Table 4.16, the values of the communalities for the 9 items were all above 0.30. The communalities ranged from 0.369 to 0.578 and were acceptable, as they were all above 0.30. This meant that there was a strong correlation among all 7 items. Table 4.17 reports on the factor structure of Organisation characteristics.



Table 4.17 *Factor structure of organisation characteristics*

Item	Statement	Factor	
		1	2
4	Lack of appropriate recognition and rewards from the organisation/hospital.	0.838	
5	There is shortage of staff in the department.	0.710	
3	Policy on nurses' absenteeism is not rigorous controls.	0.649	
8	Lack of motivation to go to work.	0.626	
2	There is unfair promotion in the organisation/hospital.	0.618	
7	No overtime payment from the organisation/hospital.	0.608	
6	Lack of vacation from the organisation/hospital.	0.499	
12	Poor disciplinary procedure to follow nurses' absenteeism from hospital administration.		0.722
11	Poor disciplinary procedure to follow nurses' absenteeism from hospital administration.		0.698

Table 4.17 presents the factors and loadings for Organisational characteristics. Two factors were extracted regarding organisational characteristics. Both factors explained 59.26% of the variance. Nine items load the first factor, and two items load the second factor. However, for a construct to be regarded as stable, it should be measured by three or four items. For this study, the first factor will be adopted. This factor will be named 'Organisation'. The Kaiser's criterion and cumulative percentage of variance were used to determine whether the factor should be retained. The results are provided in Table 4.18.

The data provided in Table 4.18 shows that only two factors had an eigenvalue greater than 1 and accounted for 59.26% of the cumulative variance, which is above the recommended cut-off point of between 50% and 60% (Hair et al. 2023:24). On this basis the factor was retained for further analysis.

Table 4.18 *Eigenvalue and cumulative percentage of the variance of organisation characteristics*

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.178	46.421	46.421	3.660	40.662	40.662
2	1.156	12.843	59.263	0.680	7.558	48.220
3	0.909	10.101	69.364			
4	0.640	7.112	76.477			
5	0.572	6.352	82.829			
6	0.472	5.248	88.077			
7	0.417	4.638	92.714			
8	0.338	3.757	96.471			
9	0.318	3.529	100.000			

#### 4.4.4 Reliability

The researcher discusses the factors contributing to absenteeism reliability in the following part. An instrument's reliability refers to the degree to which it can be relied on to produce consistent results when used again by another researcher in a comparable environment (Gray et al., 2017:161). Cronbach's alpha coefficient is the most often used reliability metric. As per Polit and Beck (2017:726), Cronbach's alpha coefficient is a frequently used reliability metric that measures the internal consistency of a composite measure made of numerous subparts.

The Cronbach's alpha coefficient indicates the proportion of variance that is systematic or consistent. It ranges between 0 and 1 (Burns and Grove, 2021:379). The value of 0.00 implies that no variance is consistent, and 1.00 means that all variance is consistent. A Cronbach alpha value of 0.90 indicates that 90% of the data is reliable. In social sciences, the generally accepted Cronbach's alpha value is 0.70 and above. The reliability of the factors for Nurses, Work conditions and Organisation are provided in Table 4.19.

Table 4.19 *Reliability of factors for nurse, work, and organisation*

Factor	Items	Cronbach alpha
CNF1 Characteristics of Nurse Factor1	7	0.867
CWF1 Characteristics of Work Factor 1	5	0.764
COF1 Characteristics of the Organisation Factor 1	7	0.853

The factors for Nurse, work and Organisation had Cronbach Alpha values of 0.867; 0.764 and 0.853, respectively. These alpha values are above the cut-off value of 0.70 and are thus acceptable. This implies that these three factors are reliable for measuring these aspects of the survey.

#### 4.4.5 Correlation

The correlation coefficient measures the degree of link between two sets of scores, ranging from -1.00 to +1.00 (Jackson, 2016:317). Table 4.20, which follows, shows how the study's factors relate to one another.

#### **The correlation coefficient between factors for a nurse, work conditions and the organisation.**

An index describing the degree of association between variables is known as the correlation coefficient, according to (Polit and Beck, 2017:724). Spearman's correlation coefficient ( $r_s$ ) is used to ascertain the correlation between the factors for nurses, work conditions and the organisation. The Spearman rank-order correlation coefficient is a nonparametric measure of the strength and direction of association that exists between two variables measured on at least an ordinal scale. The correlation coefficient varies between -1.00 and +1.00. The closer the value of a correlation coefficient is to -1.00 (negative correlation) or to + 1.00 (positive correlation), the more accurate the prediction is that one variable relates to the other (Marczewska and Kostrzewski, 2020:22). Spearman's correlation coefficient is symbolised by the small letter ' $r_s$ '. The correlation coefficients for the factors depicting nurses, work conditions and organisation are provided in Table 4.20.

Table 4.20 Spearman's correlation coefficient between characteristics of a nurse, work conditions and the organisation (n = 170)

		CNF1: Characteristics of Nurse	CWF1: Characteristics of Work
<b>CWF1: Characteristics of Work</b>	Spearman's rho correlation Sig. (2- tailed)	0.542** <0.001	1.000
<b>COF1: Characteristics of organisation</b>	Spearman's rho correlation Sig. (2-tailed)	0.041 0.597	0.164* 0.0321

\* Correlation is significant at the 0.01 level (2-tailed)

\*\*Correlation is significant at the 0.05 level (2-tailed)

The link between the factors and characteristics of a nurse, work, and organisation data and Spearman's rank correlation coefficient were certain in this investigation. The degree of a relationship between variables measured on an ordinal scale can be determined using Spearman's rank-order correlation (Polit & Beck, 2017:743). A statistically significant link between the two variables was shown by the statistical significance (sig 2-tailed value).

As reflected in Table 4.20, there is a statistically significant relationship between characteristics of work and characteristics of the nurse ( $p=0.001$ ). Spearman's correlation coefficient reported a proportionally larger positive relationship between the characteristics of work and nurse characteristics; that is, as one increases, the other also increases ( $r=0.542$ ). The Spearman's correlation coefficient ( $r$ ) for this statistical relationship is slightly above 0.50, which implies a medium effect regarding the relationship between characteristics of work and nurse characteristics. The positive relationship observed between organisational characteristics and work characteristics suggests that higher levels of organisational attachment and loyalty are associated with higher levels of work commitment. It may further imply that participants with high energy and perseverance and who are motivated and immersed in their activities in the organisation/ hospital identify with and experience emotional attachment to the workplace. Thus, these factors act to encourage them to remain with the organisation because they want to. (Meyer and Allen, 1997). The argument posits that this phenomenon arises from the fact that workers possessing a high level of normative commitment are compelled to stay in the company even if they have no desire to do so. They carry out their duties passively, and as a result, their performance eventually declines (Meyer and Allen, 1997). Somers and Birnbaum (1998, as cited by Diamantidis and Chatzoglou, 2019:171-173), however, note that normative commitment has a weak statistically significant positive correlation with employee performance.



In addition to the quantitative data presented in this chapter, the text cloud analysis revealed key concerns such as 'too much work, overload, hard work, many hours, and tiredness' as factors contributing to nurses' absenteeism in the workplace.

#### **4.6 SUMMARY**

This chapter provided a detailed exposition of the results of the study. The results were provided using tabular and graphical illustrations. Demographic characteristics of the participants were provided first, followed by an assessment of the validity and reliability of the data. The validity was assessed by using Exploratory Factor Analysis while reliability was tested using the Cronbach Alpha. The results on factors contributing to absenteeism at work regarding nurse, work and organisation characteristics were presented using reconstructed Likert scale response categories. The Word Cloud mapping and imaging were used to provide qualitative results on factors contributing factors to nurse absenteeism. Finally, correlation analysis was used to test for the relationship between nurse, work, and organisation characteristics. The next chapter presents a detailed discussion of the conclusions from the study as well as limitations and concrete and actionable recommendations that are meant to be useful for the design and formulation of appropriate policies and strategies to address nurse absenteeism in the organisation/ hospital.

## **CHAPTER 5 - DISCUSSION AND STUDY EVALUATION**

### **5.1 INTRODUCTION**

This chapter provides the conclusions, limitations, and recommendations based on the results of this study. It provides an extensive discussion of the conclusions reached concerning the research question and relevant literature. It will also discuss the limitations that characterised the study and how these were mitigated in favour of valid and reliable results. Finally, the chapter concludes with a set of actionable recommendations that are expected to help alleviate absenteeism by nurses in the workplace.

### **5.2 STUDY SUMMARY**

The report started with a presentation and contextualising the issue (factors contributing to nurse absenteeism) that was the subject of the study. The second chapter identified the gap in the body of knowledge and placed the issue under research. The study concentrated on the reasons for absenteeism and how it affects the public sector in Dammam. The different categories of absenteeism at work have been recognised, including personal as nurse characteristics, internal as characteristics of the work, and external as characteristics of the organisation. Additionally, a summary of Dammam's public hospital was provided in Chapter 2.

Chapter 3 covered the study's methodology. Using a descriptive and quantitative methodology, this study gathered information from 170 participants. The results show that sickness, job overload, bad working conditions, stress, and some management remarks are the main reasons for absenteeism in the public hospital in Dammam. The researcher assesses the study in this part based on its objectives and research question. The study aimed to identify factors contributing to absenteeism among nurses working in the medical and surgical wards of a public hospital in Dammam, Saudi Arabia. The objectives to be achieved in this study were as follows:

- To identify and describe the factors related to absenteeism among all categories of nurses working in the medical and surgical wards in a public hospital in Dammam, Saudi Arabia.
- To make recommendations on managing nurses' absenteeism in the medical and surgical wards at the designated hospital.

The following research question was addressed by the study:

What are the factors related to absenteeism among nurses working in the medical and surgical wards of a public hospital in Dammam, Saudi Arabia?

### **5.3 NURSE'S CHARACTERISTICS IN RELATION TO ABSENTEEISM**

The study found that one of the factors that may cause nurse absenteeism from work is having to look after family members, for example, a sick mother or child. These results were consistent with the study done by Baydoun et al. (2016:99), who stated that balancing work and family life presents challenges to work attendance rates, as childcare and caring for an elderly parent or a sick child are recognised to contribute to absences from work. These results were further found in a similar pattern to the study conducted by Ticharwa, Cope and Murray, 2019:114); the likelihood that nurses will skip work rose due to family obligations. Also, another prominent contributing factor that the study found to the nurse's absenteeism is the aspect that they may be suffering from minor ailments such as backache etc. These findings are supported by the studies conducted by (Boamah and Laschinger, 2015:267; Krane, Larsen, Stapelfeldt, Johnsen and Risor, 2014:26) state that one of the main pathologies that nurses frequently point to for extended absences is musculoskeletal problems. Good health directly correlates with attendance, while poor health has an inverse correlation with it. The study results are furthermore supported by (Murray et al. 2013:449; Baydoun et al. 2016:98); this is a result of the lifting and bending that the nurses must do daily because these mechanical motions are more likely to result in an injury or illness that will lead to absenteeism. The results were furthermore supported by findings of the study by Shdaifat et al. (2023:518-544); the most prevalent reasons for absenteeism were minor illnesses, exhaustion from working long hours or shifts, and serious illnesses.

#### **5.3.1 Gender**

The study results discovered that absenteeism was significantly predicted by gender. Even though the gender distribution of participants shows a predominance of females over males in the sample, they were more absent than the male nurses. The findings were supported by the study conducted by (Jansen, Otten and van der Zee (2017:886), who found that female nurses are more likely to take advantage of this form of leave, which leads to absenteeism. Furthermore, concluded by the majority of studies examining the connection between gender and absenteeism show that women miss work more often than men (Obiero, Mwebi and Nyang'ara, 2017:6).

Most employees in the nursing profession and the care industry tend to be females. These results verify the notion that women predominate in the nursing field worldwide (Stanley, Beament, Falconer, Haigh, Saunders, Stanley, Wall, and Nielson, 2016:1155; Irvine, Brook, Lau and Mckenna, 2020:405). This might result from Florence Nightingale's legacy of women receiving nursing training (Mu, Yao, Cui, Han, and Yang, 2018:372).



### **5.3.2 Age**

The study's results indicate a significant relationship between age and absenteeism as noticed that younger nurses were accounting for more absences than older nurses. This is also marked by Singer and Cohen (2020:12) and Hayat Khan et al. (2021:137) in their research on the topic that older nurses have lower absenteeism rates due to their dedication to their jobs and are also more content and well-adjusted at work, while the findings of Burmeister et al. (2019:151) suggested that younger employees are more vivacious and passionate about their work and will hence be less absent.

### **5.3.3 Qualifications**

Based on qualification, the study found a statistically significant difference in absenteeism, as nurses with a nursing diploma who were less experienced and educated were far more likely to miss work than those with high qualifications in nursing. This contradicts the findings of Singh and Sibiya (2015:22), who found that nurses with post-basic credentials have lower absenteeism rates than nurses with basic qualifications.

### **5.3.4 Experiences**

This study's findings demonstrate that nurses with 0–5 years or less of experience had considerably higher absence rates when absenteeism is correlated with years of experience. Furthermore, this conclusion supports the experience-related research of Karamehmedovic (2021:18), who found that long-term workers are more dedicated and content, which lowers absence rates.

## **5.4 WORK CHARACTERISTICS IN RELATION TO ABSENTEEISM**

The study found that the most prominent factor contributing to nurse absenteeism is the insufficiency of staffing levels that are required to handle the number of patients. The findings were supported by Mwenda et al. (2017:2). Their research stated that high absence rates are made worse by insufficient staffing, which limits access to services. Furthermore, supported by (Batool & Afzal, 2019:6781) found that one of the factors impacting healthcare staff absence was personnel inadequacy.

Another aspect of nurses was linked to absenteeism found in this study; excessively long work hours, working on weekends, night shifts, and a lack of flexible work schedules emerged as additional significant causes. A study conducted by Hayat Khan et al. (2021:137), as well as Nwokolo et al. (2022:26), revealed the same: working irregular and socially undesirable hours raises tiredness levels, which in turn causes absenteeism. The findings of this study corroborate those of Shdaifat et al. (2023:529), who concluded that long and exhausting work hours, conflict with coworkers, lack of recognition for efforts by management, and an imbalance between jobs and responsibilities are some of the factors that lead to absenteeism. The results were further supported by the findings of the study done by Dall'Ora, Ball, Redfern, Recio-Saucedo, Maruotti, Meredith et al. (2019:19), who reported that

those who work long shifts were linked to absenteeism.

## **5.5 ORGANISATION CHARACTERISTICS IN RELATION TO ABSENTEEISM**

Most of the nurses who participated in the study have highlighted the lack of overtime in the organisation as the main factor contributing to absenteeism. The findings supported by a study done by Alharbi et al. (2018:784) found that the lack of overtime compensation and social issues among nurses were shown to be the most frequently occurring predictive factors related to absenteeism. The authors further hypothesise that considering extra pay for each shift is a significant motivator that could lower absenteeism rates. However, Jeffs, Grinspun, Closson & Mainville (2015:23) argued from their study that putting in more hours can have a detrimental impact on the workplace, employees' health, patient outcomes, and the expense of healthcare.

Also, the shortage of staff in the department was cited as a contributor to nurse absenteeism in this study. The findings supported by the literature of (Mat et al., 2019:3) indicate that working conditions such as role ambiguity, inadequate staff or group cohesion, and ineffective routinisation are some of the factors directly linked to the increased rate of absenteeism among nurses. The findings were furthermore supported by Magobolo and Dube (2019:42), who stated that work withdrawal behaviours like absenteeism are being caused by the nursing staff shortage and the lack of motivation. Kowalczyk et al. (2020) furthermore noted in their study that when nurses are absent due to non-tolerance of their coworkers absent as those who remain at work bear a heavier workload. They also added that when staffing levels are low, nurses take over for absent workers, which can lead to overwork and increase absence.

The participants in this study mentioned shortage of job equipment was also found to be prominent at the organisational level. The findings supported by research done in Namibia by Ashipala and Nghole, 2022:2989 stated that medical equipment plays a critical role in patient treatment as well as diagnosis and progress tracking. Consequently, inadequate equipment results in substandard patient care, impeding the provision of services and ultimately exasperating healthcare personnel. Thakur (2020) also supports this, as his research revealed a substantial correlation between absenteeism, emotional tiredness and shortages of medical supplies.

Furthermore, supported by (Ndwandwe, 2021:54), stressful work situations brought on by job overload, a lack of support, and a workspace with inadequate equipment are the root causes of the nursing shortage.

This study revealed other contributing factors, such as poor disciplinary procedures to follow nurses' absenteeism from the hospital administration and staff ignorance of hospital policies and absenteeism rules. The findings were linked to the research of Ashraf and Ashraf, (2024:319-325) claim that policies impact the rate of employee absences. Mbombi et al. (2018:4) suggest instituting workplace policies that address absenteeism in the workplace and how nurses who are on duty

can help colleagues who are missing from work regularly.

Another contributing factor presented by participating in this study was lack of appropriate recognition, vacation, low motivation and rewards from the organisation/hospital. These findings are consistent with a research study conducted by Muthwa, 2019:96 in South Africa, which has furnished proof that the primary reasons for absenteeism at uMgungundlovu District municipality were inadequate working environment, insufficient leadership style, lack of recognition and motivation, excessive workload with no schedule vacation, and absence of incentives or rewards. Mayfield, Mayfield, and Ma's (2020:728) results concur with the results, citing a lack of competitive incentives as a de-motivating issue.

To conclude, most of the characteristics in relationship with organisation factors contributing to absenteeism cited above were much supported by a recent study done at Medical Sciences University in Iran conducted by Sabzi, Jafari, Bakhshian and Saadat, 2023:29 stating that the other factors that have been linked to absenteeism include an unfavourable work environment, longer workdays, an excessive workload, inappropriate working circumstances, a lack of equipment, insufficient staffing, a lack of a reward system, and inconsistent decision-making.

## **5.6 OPEN-ENDED QUESTION**

The participants were asked what they perceived to be the other factors that cause absenteeism of nurses in their workplace. The majority of participants cited a lack of staff, work stress, fatigue from overloading tasks, unfavourable working conditions, inadequate leadership, inadequate leadership style, poor communication, absence of rewards or incentives, and biased leadership as the main reasons for absenteeism in the public hospital of Dammam particularly in surgical and medical wards. The finding is supported by the study of Karamehmedovic (2021:33), who stated that absenteeism has several underlying causes and is a sign of organisational, social, and economic inefficiencies. As such, it is important to address these causes.

## **5.7 SUMMARY**

The triangulation of the quantitative data from the Likert scale measurements that have been discussed above and that from the open-ended question on the other factors causing nurse absenteeism show striking similarities in the factors that cause nurse absenteeism from work. The Word Cloud textual analysis revealed that greater prominence, 'too much work for the nurse', contributed to their absence from work. The aspect of 'too much work' for the nurse was cited as leading to tiredness, sickness, and burnout. This is in addition to the aspect of 'one nurse having too many responsibilities than they can handle'. That a single nurse may have *'many more patients to cater for than she can handle'* also appears to be a problem area. This coupled with the issue of a single staff member having multiple responsibilities, such as having to deal with different procedures and more than 5 patients to handle at any time. In sum, the Word Cloud revealed the

prominence of aspects related to ‘too much work, overload, hard work, many hours, and tiredness’ as factors that contribute to the absenteeism of nurses in the workplace.

Identifying the organisational, work, and nurse elements that affected absenteeism allowed the study to accomplish its goal. The demographic variables' results showed no evidence of any factors influencing absenteeism. The main causes of absenteeism were found to be stress-related illnesses, staff shortages, workloads, lack of possibilities for advancement, lack of recognition and feedback, and lack of flexible work schedules. It has been discovered that there is a substantial correlation between absenteeism and bureaucracy, unjust reward systems, and inconsistent feedback. It is necessary to develop recommendations to reduce absenteeism, considering the study's findings.

## **CHAPTER 6 - CONCLUSION, LIMITATIONS AND RECOMMENDATIONS**

### **6.1 INTRODUCTION**

This chapter evaluated the study's outcomes considering its goals and objectives to make the proper conclusions. It also provided a summary of the study's shortcomings. Considering the study's findings, appropriate recommendations and ideas for additional research were included.

### **6.2 LIMITATIONS**

One of the assumptions guiding the study was that all participants had experienced personal and work-related factors that caused them to be absent. While this may be true for most of the participants, it is realised that this may not have been true for some of them. However, this aspect is mitigated by the observation that even though some of the participants may not have experienced personal and work-related factors that caused them to be absent, they still would have been able to provide valuable insight into the factors that may cause absenteeism among nurses at work. The study was delayed due to a change in the researcher environment, study setting, subject and COVID-19 pandemic; challenging study cited references.

Another accompanying limitation of the study is that without an in-person interviewer, participants have no one to turn to if they have a question or if they need encouragement to complete the survey. However, this limitation was offset by the fact that in the self-completion surveys used in the current study, the researcher could not influence the participants' responses by using his voice or facial expressions. There was limited direct transferability of the findings to other nursing departments and other wards because data was collected on two disciplines (surgical and medical) using a total population sample of all categories of nurses. The response rate was slightly lower than the expected response rate of 60%.

Nevertheless, despite these drawbacks, the study offers valuable insights into the variables affecting nurses' absenteeism. The characteristics that were found were useful in creating particular suggestions that might be put into practice to lower absenteeism among nurses.

### **6.3 RECOMMENDATIONS TO THE HOSPITAL**

The study's objectives were to identify and describe the factors related to absenteeism among all categories of nurses working in the medical and surgical wards in a public hospital in Dammam, Saudi Arabia, and to make recommendations on the management of nurses' absenteeism in the designated hospital's medical and surgical wards.

Suggestions will be provided concerning the three distinct sections: the nurses' characteristics, work, and organisation. The recommendations are in italic font.

### 6.3.1 Nurses' Characteristics

The most important (essential) factors influencing a nurse's absenteeism are thought to be stress-related illnesses and having to look after family members, for example, a sick mother or child. *In this context, promoting work-family balance can help employees better integrate their personal and professional lives. It is necessary to address the cause(s) of the stress; for example, flexible shifts should be permitted if the stress is caused by unsocial shifts. Nurses should have access to stress management programmes to regulate their stress levels. Information about the causes of stress and strategies for preventing and managing stress should be given to nurses.*

### 6.3.2 Work Characteristics

The excessive workload of nurses was the only factor found to have a significant impact on absenteeism under this feature. According to Liu et al. (2019:932), nurses face substantial pressures and time-related expectations that impact their personal and professional lives. *In this context, promoting work-family balance can help employees better integrate their personal and professional lives. Additionally, advised is the development of cohesive nursing teams that can support one another in the face of heavy workloads. To reduce the strain on nurses, more people should be hired and educated.* Additional noteworthy results about the workplace included the nurses' expressed displeasure with their lengthy workdays and the dearth of flexible scheduling options. *It is advised that policies be updated or revised, for example, by substituting the option to work preferred shifts for the possibility of working straight shifts.*

### 6.3.3 Characteristics of Organisation

The most important aspect affecting the organisation's characteristics was determined to be the shortage of nursing staff. *In this sense, requests for more staff members should be made to hospitals and clinics that employ a small number of nurses to provide healthcare services to give enough human resources and to assist and enable nurses to perform their jobs well. Secondly, regarding the organisational level, the organisation/hospital should design and introduce a robust system of appropriate recognition and rewards for nurses based on performance. This also links with the need to ensure that there is adequate staff in each of the departments. The organisation/hospital should ensure that there is a clear vacation system in place for the nurses. In addition, there should be a rigorous policy on nurses' absenteeism at the workplace.*

Epidemic burnout was recognised long before COVID-19, and with countless nurses having been working on the front lines for the past 2 to 3 years, *organisations and hospitals need to be on the lookout for burnout among nurses and their colleagues. This is a pertinent area that deserves continual monitoring and further research.*

*Finally, promotion should be based on fair principles and standards among all categories of nursing staff. Management needs to consider this element.*

#### **6.4 RECOMMENDATIONS TO NURSING MANAGERS**

A comprehensive absence management system should be created in collaboration with the pertinent parties to handle and address absenteeism. The software for managing absenteeism ought to keep track of absences continuously. The system should be able to recognise and track absence trends and patterns to report to the relevant department.

*Nursing managers who effectively address the concerns of their nursing staff are regarded as essential in reducing absenteeism.*

*Nursing managers ought to praise nurses for their hard work. One of the main reasons people miss work is the lack of encouraging feedback.*

*Nursing managers must engage in positive contact with employees, promptly address issues raised by workers, and recognise exceptional performance. They must convey to their employees that they are a vital component of the company and that their success depends on attaining organisational objectives. Expressing trust in the abilities of their staff members regularly will help them feel more capable and will also improve their morale.*

*Nursing managers must also allow employees to learn new things to become knowledgeable and capable of taking on responsibility. A low absenteeism rate is directly correlated with high staff morale.*

*Nurse managers ought to offer forums for discussing the emotional and occupational challenges faced by nurses who continue to work. To help nurses deal with psychological and professional issues, the current wellness program might be improved. The study suggests that measures be implemented to combat workplace absenteeism and how nurses who stay on duty might help their colleagues who are missing from work regularly. To solve this anomaly, managers should monitor the absenteeism of nurses strictly.*

#### **6.5 RECOMMENDATIONS TO NURSING EDUCATION**

The pressures that nurses of Dammam public organisations, especially in surgical and medical wards, face at work must be identified. This is only possible if a trustworthy and legitimate measuring device is accessible.

*An accurate and valid stress measure may be crucial for the timely detection and effective management of stress in the workplace.*

*Finding out which stressors are most relevant to nurses could result in addressing these stressors in seminars on stress management, organisational development interventions, and selection processes.*

*To improve staff morale, the hospital ought to create and implement a management program or system.*

*According to Nel (2013:19), employees who are left alone may experience instability; yet, when staff members are surrounded by a strong network of support and communication, stability may be generated.*

## **6.6 RECOMMENDATIONS TO SURGICAL AND MEDICAL NURSES**

Nurses should pledge to attend work regularly and understand that consequences will follow noncompliance. *Overtime payments must be given on time if employees work more hours than planned or are absent (Akinwale & George, 2020:87). In addition, various benefits such as remuneration for night work, public holiday payments, performance bonuses, and grading are inducers that help lower absenteeism (Kisakye et al., 2016:87).*

## **6.7 RECOMMENDATIONS FOR FUTURE RESEARCH**

Undertaking a qualitative investigation to gain deeper insights into the unhappiness of nurses in certain areas of the organisation should yield significant insights to improve job satisfaction and productivity while concurrently reducing absenteeism rates.

Based on the study's findings, additional research will help determine the impact of measures taken to lower absenteeism rates.

## **6.8 SUMMARY**

The study aimed to identify factors contributing to absenteeism among nurses working in the medical and surgical wards of a public hospital in Dammam, Saudi Arabia. The objectives to be achieved in this study were as follows: to identify and describe the factors related to absenteeism among all categories of nurses working in the medical and surgical wards in a public hospital in Dammam, Saudi Arabia., and to make recommendations on managing nurses' absenteeism in the medical and surgical wards at the designated hospital.

It was discovered that the combination of factors contributing to the nurses' absenteeism questionnaire, which was employed in this study, was a trustworthy indicator of absenteeism among nurses working in the surgical and medical departments at Dammam Public Hospital. The researcher also discovered that stress, characteristics of the nurse, work and organisation all play a role in why nurses are absent from the workplace. These parameters were shown to have a generally moderate and positive correlational association. Considering the study's conclusions, recommendations were made.



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## ANNEXURE A: REQUEST PERMISSION TO CONDUCT RESEARCH AT THE HOSPITAL

[REDACTED]  
BONIFACE OLENGA

Cell +966 50 223 0612 // +27 73 669 2130

Email: osangoboniface@yahoo.com  
[REDACTED]

DAMMAM

33310

21st March 2021

THE CHIEF EXECUTIVE OFFICER  
RESEARCH PROGRAM DIRECTOR  
NURSING EXECUTIVE DIRECTOR  
PUBLIC HOSPITAL DAMMAM,  
EASTERN PROVINCE,  
DAMMAM, 001

BONIFACE OLENGA  
+27 73 669 2130  
osangoboniface@yahoo.com  
PUBLIC HOSPITAL  
DAMMAM  
33310

Re: **LETTER OF PERMISSION REQUEST TO CONDUCT RESEARCH**

My name is Boniface Osango Olenga currently registered with the University of Pretoria for a Master's Degree in Nursing Management in the Department of Nursing Science, Faculty of Health Sciences in South Africa. I hereby request permission to conduct a research study at your institution titled **"FACTORS CONTRIBUTING TO ABSENTEEISM AMONG NURSING STAFF IN A PUBLIC HOSPITAL AT DAMMAM, EASTERN PROVINCE"**

The purpose of the study is to identify factors that contributing to absenteeism of all categories of nurses in medical and surgical wards at the designated public hospital in Dammam, Eastern province in order for the researcher to suggest guidelines on absenteeism to the hospital management.

The respondents in this study will be the nurses who are working in the medical and surgical wards in the public hospital of Dammam. Their participation will be voluntary and the questionnaire will be completed anonymously. Completing the questionnaire will be done online in the participants' own time to ensure services rendered are not interrupted. It will not take more than 15 minutes to complete the questionnaire.

Publishing of any results will be done in such a way that neither the hospital nor any participant will be identified. The results of the study will be made available to the hospital management.

Yours sincerely,

Mr BO Olenga

ANNEXURE B: APPLICATION FOR HOSPITAL ETHICAL COMMITTEE



مجمع الدمام الطبي



IRB

Application Form for General Research  
Request for IRB Exempted/Expedited Review

Applicant Details

Name of Principal Investigator	Boniface Osango Olena
Affiliation and Department	Male Medical ward
Mobile Number	050 223 0612
Email	osangoboniface@yahoo.com/ boniface@moh.gov.sa
ID or Iqama Number	2472795299
Academic Number (if applicable)	
Abroad Fellowship (If applicable)	University of Pretoria In Pretoria South Africa
Program for which Research Proposal submitted	Masters for Nursing Management and Administration
Supervisor Name and Details	Professor Ronell Leech (ronell.leech@up.ac.za) Dr Celia J. Filmalter (celia.filmalter@up.ac.za)

Collaboration and Funding of Research

Funded or Non funded	Non funded
If funded, details of the funding agency	Nil
Will this research be in collaboration with other departments/institutes? If yes provide details.	University of Pretoria
Is the Research submitted to other IRB too? If yes, provide details.	No





IRB



Research Study Detail

Research Title (English)	Factors Contributing to Absenteeism Among Nursing Staff in a Public Hospital in Dammam , Saudi Arabia
Research Title (Arabic)	العوامل المساهمة في التغيب عن طاقم التمريض في مستشفى عام بالدمام بالمملكة العربية السعودية
Type of Research	Quantitative Research
What is the duration of the research?	2 years
Are Human subjects involved	Yes/No
Are vulnerable subjects involved?	No
If yes provide details how they will be protected	
Will consent be obtained?	Yes
If yes, submit a copy. If No, justify.	
Will Assent be obtained? (In case of children/minors)	No
If yes, submit a copy. If No, justify.	
What is the risk Associated with the research?	None
Provide details	






IRB

What measures are taken to address the risk associated with the research?  Provide details	N/A
Are Biological samples collected? If yes, provide details of samples collected and how often.	N/A
Will the Biological Samples Retained? If yes, provide how it will be maintained and destroyed at end.	N/A
Is there any payment to the subjects? If yes, provide details of amount and method of payment.	N/A
How is subject and Data confidentiality maintained?	
If questionnaire is to be used, is it mentioned that participation is completely voluntary, and data will be collected anonymously and kept confidential?	Yes, participation is voluntary and anonymous answers.
Is there any conflict of interest? If yes, provide details	Nil




IRB

Declaration by the Applicant

<p>I attest that all personnel assigned to this study are qualified to perform the procedures assigned to them, have reported any and all conflicts of interest, and will complete all required training prior to engaging in research activities.</p> <p>I declare that the above information regarding the research proposal is correct and accurate. I agree to submit any revisions to the research proposal to the EC.</p> <p>I agree to submit the final report or published paper at MOH database site.</p>	
<p>Applicant Name: ...Boniface Olenga..... Department Name: .....Nursing Science</p>	
<p>Designation.....Nurse Manager (Masters Student).....</p>	
<p>Signature of Applicant..... Date .....</p>	
<p>Supervisor Name: Prof Ronell Leech Department Name: Nursing Science, Faculty of Health Sciences, University of Pretoria, South Africa</p>	
<p>Designation: Associate professor</p>	
<p>Signature </p>	<p>Date 30 August 2021</p>
<p>Co-supervisor Name: Dr Celia Filmalter Department Name: Nursing Science: Faculty of Health Sciences, University of Pretoria; South Africa</p>	
<p>Designation: Senior Lecturer</p>	
<p>Signature: </p>	<p>Date 30 August 2021</p>
<p>Approval of head of Department where research will take place:</p>	
<p>Department Head: Prof RS Mogale Department Name: Nursing Science, Faculty of Health Sciences, University of Pretoria</p>	
<p>Signature ..... </p>	<p>..... Date ..... 31/08/2021.....</p>

ANNEXURE C: IRB APPROVAL LETTER AND PERMISSION TO CONDUCT RESEARCH FROM HOSPITAL RESEARCH COMMITTEE

Kingdom of Saudi Arabia Ministry of Health  DMC IRB		اللجنة لأخلاقيات البحوث بمجمع الدمام الطبي Institutional Review Board	
National Registration Number with NCBE-KACST, KSA: (H-05-D-107)			
<p><u>Approval Letter</u></p> <p>Date: 11/10/2021 IRB log No: 31 Category of Approval: Expedited</p> <p>Dear Mr. Boniface</p> <p>The DMC IRB is pleased to inform you that your study mentioned below has been reviewed and approved. This letter gives you an ethical clearance to implement your study according to the approved documents and you still need to obtain administrative approval from the site/s where the study will be conducted.</p>			
Protocol Title	FACTORS CONTRIBUTING TO ABSENTEEISM AMONG NURSING STAFF IN A PUBLIC HOSPITAL IN DAMMAM, SAUDI ARABIA		
PI name	Boniface Olenga	PI ID	2472795299
PI Affiliation	Dammam Medical Complex	PI e-mail	osangoboniface@yahoo.com
IRB approved Documents (attached)	<input checked="" type="checkbox"/> Research proposal <input type="checkbox"/> Consent form <input checked="" type="checkbox"/> Data Collection tool <input type="checkbox"/> Others, GCPs, CVs, Questionnaire cover page, and University letter.		
Co-investigators	#	Name	Affiliation
	#	Cecilia Jacoba Filalter	Pretoria University
	#	Ronell Leech	Pretoria University
Study site and sample	#	Site	Sample size
	#	Dammam Medical Complex	310
	Total sample = 310 participants		
<p><b>Approval Conditions:</b></p> <ol style="list-style-type: none"> <li>Approval is valid for <b>one year</b> from the date of this letter.</li> <li>If the research is not completed within the validation period, PI will be required to apply for an extension from the IRB, one month before the expiry of the approval.</li> </ol>			
IRB e-mail: ER-DMC-IRB@MOH.GOV.SA			

Kingdom of Saudi Arabia  
Ministry of Health



مجمع البحوث الطبية



اللجنة لأخلاقيات البحوث  
بمجمع البحوث الطبية

DMC IRB

اللجنة لأخلاقيات البحوث بمجمع البحوث الطبية

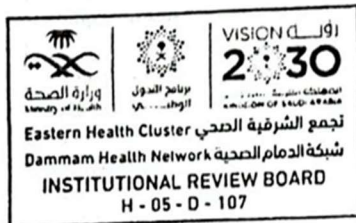
Institutional Review Board

National Registration Number with NCBE-KACST, KSA: (H-05-D-107)

3. Abide by the rules and regulations of the Government of Saudi Arabia, NCBE, MOH and the IHC-GCP guidelines.
4. The research team should follow the IRB approved study documents, unless amendment(s) are requested and approved by the IRB.
5. All researchers are required to have valid research ethics certificate on Protecting Human Research Participants.
6. The research team are not allowed to disclose personally identifiable data of the participants to any other party.
7. The PI is required to keep the study data securely for at least five years after completion of the study.
8. The collected data should only be used for this research.
9. It is required to collect three copies of informed consent forms (unless waived) as follow:
  - I. one copy to be kept with the PI
  - II. one copy to be kept with the study participant
  - III. one copy for the IRB committee OR to be kept in the participant file in case of clinical research
10. The PI is required to submit a progress report every six months
11. The PI must ensure adequate close-out of the study.
12. Publication by any means is not allowed except after getting an approval letter from the IRB and MOH research department.

Sincerely yours,

Chairman of DMC IRB, MOH, KSA.





IRB

**Amendment Approval Letter**

Category of Approval: Exempted  
IRB Reg: H-05-D-107

Dear Mr. Boniface,  
The DMC IRB is pleased to inform you that your application for amendment request on the protocol below was approved.

Date	16/10/2022		
Protocol Number	NUR-08		
Protocol Title	FACTORS CONTRIBUTING TO ABSENTEEISM AMONG NURSING STAFF IN A PUBLIC HOSPITAL IN DAMMAM, SAUDI ARABIA		
Principal Investigator	Boniface Olena		
Email	osangoboniface@yahoo.com	Mobile	073 669 2130
Affiliation	Dammam medical complex	Department	Nursing Department
Documents Reviewed with Version number and date (if applicable)	Amendment request form		

**Decision**

The DMC IRB has approved the protocol after careful review.  
This is to confirm that DMC IRB operates in accordance with NCBE regulations and ICH GCP E6 R2.

**Approval Conditions**

- The Principal Investigator or one of the co-PIs should be presently employed at Dammam Health Network (DHN). This is required for access to the DHN premises, patients, clinical samples, medical records & existing database.
- Abide by the rules and regulations of the Government of Saudi Arabia, NCBE, DMC IRB and the ICH-GCP guidelines.
- To conduct research as per the approved documents.
- Research participant confidentiality should be protected at all times.
- All researchers are required to have current and valid certificate on Protecting Human Research Participants (GCP).
- In case of any amendment to the approved documents, the Principal Investigator is required to request the IRB approval before implementation.
- Document Retention: all study documents should be kept by the Principal Investigator for a period of 5 years from study completion.
- This letter gives you an ethical clearance to implement your study according to the approved documents and you still need to obtain administrative approval from the site/s where the study will be conducted.
- At the end of the study, please submit Final study Report including the results or copy of the manuscript intended for publication to [ER-DMC-IRB@moh.gov.sa](mailto:ER-DMC-IRB@moh.gov.sa)

IRB-FORM-03-007 1



مجمع الدمام الطبي



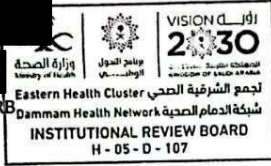
IRB

We thank you for submitting your study for review by the DMC IRB and wish you all the best with this study.  
If you have any further questions, feel free to contact us at [ER-DMC-IRB@moh.gov.sa](mailto:ER-DMC-IRB@moh.gov.sa).

Sincerely Yours




Co-Chairwoman of DMC IRB



IRB-FORM-03-007

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ANNEXURE D: ETHICS APPROVAL FROM THE UNIVERSITY OF PRETORIA

  
UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002587, Approved 05 May 2002 and Expires 03/02/2022
- ICRG # ICR00001762, OMB No. 0995-0279 Approved for use through February 28, 2022 and Expires 03/04/2023

Faculty of Health Sciences Research Ethics Committee

1 October 2021

**Approval Certificate  
New Application**

Dear Mr B Olenga

**Ethics Reference No.: 309/2021**  
**Title: Factors Contributing to Absenteeism Among Nursing Staff in a Public Hospital in Dammam, Saudi Arabia**

The **New Application** as supported by documents received between 2021-06-08 and 2021-09-29 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2021-09-29 as resolved by its quorate meeting.

Please note the following about your ethics approval:


- Ethics Approval is valid for 1 year and needs to be renewed annually by 2022-10-01.
- Please remember to use your protocol number (309/2021 ) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

**Ethics approval is subject to the following:**

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely



On behalf of the FHS REC, Dr R Sommers  
MBCnB, MMed (Int), MPharmMed, PhD  
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee





Faculty of Health Sciences

**Institution:** The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567. Approved dd 18 March 2022 and Expires 18 March 2027.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through June 30, 2025 and Expires 07/28/2026.

Faculty of Health Sciences **Research Ethics Committee**

10 October 2023

**Approval Certificate  
Annual Renewal**

Dear Mr B Olenga,

**Ethics Reference No.:** 309/2021 – Line 2

**Title:** Factors Contributing to Absenteeism Among Nursing Staff in a Public Hospital in Dammam, Saudi Arabia

The **Annual Renewal** as supported by documents received between 2023-09-26 and 2023-10-09 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2023-10-09 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Renewal of ethics approval is valid for 1 year, subsequent annual renewal will become due on 2024-10-10.
- Please remember to use your protocol number (309/2021) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

**Ethics approval is subject to the following:**

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

**On behalf of the FHS REC, Dr R Sommers**

MBChB, MMed (Int), MPharmMed, PhD

**Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria**

*The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)*

Research Ethics Committee  
Room 4-60, Level 4, Tswelopele Building  
University of Pretoria, Private Bag x323  
Gezina 0031, South Africa  
Tel +27 (0)12 356 3084  
Email: deepeka.behari@up.ac.za  
www.up.ac.za

Fakulteit Gesondheidswetenskappe  
Lefapha la Disaense Sa Maphelo

## ANNEXURE E: STATISTICIAN LETTER OF SUPPORT



DEPARTMENT OF STATISTICS

### LETTER OF STATISTICAL SUPPORT

Date: *10/05/2021*

This letter is to confirm that **Mr B.O. Olenga** studying at the University of Pretoria discussed the project with the title **"FACTORS CONTRIBUTING TO ABSENTEEISM AMONG NURSING STAFF IN A PUBLIC HOSPITAL IN DAMMAM, SAUDI ARABIA "** with me.

I hereby confirm that I am aware of the project and undertake to assist with the statistical analysis of the data generated from the project.

The SPSS IBM Statistics version 27 software will be used to perform the analysis. Descriptive statistics (means, medians and standard deviations) for continuous variables and frequency tables (counts and percentages) for categorical variables will be performed:

- To identify and describe the factors related to absenteeism among all categories of nurses working in the medical and surgical wards in a public hospital in Dammam, Saudi Arabia.

The Pearson Chi-square test will be performed to test associations between categorical variables. If the number of counts within the cells is less than 5, the Fisher exact test will be performed

The total population sampling method will be used, where approximately 310 nurses who meet the inclusion criteria will be recruited to participate in the study. To generalize the results to the population, the participation rate (number of responses/total sample) expected is 60% ( $n=180$ ) or more.

NAME :

*A. Masenge*

Mr. Andries Masenge  
Department of Statistics  
Internal Consultation Service  
Tel 012 420 3645

## **ANNEXURE F: PARTICIPANT INFORMATION LEAFLET AND QUESTIONNAIRE**

Researcher name: Boniface Osango Olenga

Student Number: 17400903

Title: Factors contributing to absenteeism among nursing staff in a public hospital in Dammam, Eastern Province, Saudi Arabia

I am a postgraduate student pursuing a master's degree in the Department of Nursing Science, Faculty of Health Sciences of the University of Pretoria, Gauteng Province in South Africa. You are invited to volunteer to participate in my research project titled "Factors contributing to absenteeism among nursing staff in a public hospital in Dammam, Eastern Province, Saudi Arabia".

This letter provides information to help you decide whether to participate in this study. Before you agree, you should fully understand what is involved. If you do not understand the information or have any other questions, do not hesitate to ask me. You should not agree to take part unless you are completely happy with what we expect of you.

The purpose of the study is to identify factors that contribute to the absenteeism of all categories of nurses in the medical and surgical wards of Dammam Medical Complex Hospital. I would like you to complete an anonymous questionnaire. This may take about 10 to 15 minutes of your time. Participation is voluntary. Do not write your name on the questionnaire. Please answer the online survey questionnaire. Remember all completed surveys will be kept in a password-protected file on the researcher's computer. I will be available if you have any questions regarding the study.

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, South Africa, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured following the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving human subjects. A copy of the Declaration may be obtained from the investigator should you wish to review it.

Your participation in this study is voluntary. You can decline to participate or stop at any time without giving any reason. As you do not write your name on the questionnaire, you give us the information anonymously. Once you have given the questionnaire back to us, you cannot recall your consent, as I will not be able to trace your specific questionnaire. Therefore, you will also not be identified as a participant in any publication that comes from this study.

Note: The implication of submitting the questionnaire is that informed consent has been given by you. Thus, any information derived from your form (which will be anonymous) may be used e.g. publication, by the researchers.

I sincerely appreciate your help.

## QUESTIONNAIRE AS IT APPEARED ON GOOGLE DOCS

### INFORMATION AS CONSENT

Answering the questions is completely voluntary, and participants may leave out any questions that make them feel uncomfortable.

This data will be used anonymously in our network, and your privacy will be protected to the best of our ability.

If you decide to participate in the study, please complete the questionnaire. The researcher is available to explain all sections (See your information leaflet for the researcher's contact details).

### QUESTIONNAIRE

Do you wish to participate?

1. Yes

2. No

SECTION A: Demographic and General Information Tick the appropriate option according to you

**1. Gender**

Male

Female

**2. Nationality**

Saudi

Non-Saudi

**3. Age Group**

18- 24 years

25- 34 years

35- 44 years

More than 44 years

**4. Educational Level**

Nursing Certificate

Diploma in Nursing

Bachelor in Nursing

Master's in Nursing

Others

**5. Number of years of experience**

0-5 years

6-10 years

11-20 years

More than 20 years

## 6. Work Department

Medical

Surgical

### SECTION B:

This section is divided into three subsections, with the following related to the characteristics of the nurse, work conditions, and organisation that may contribute to nurses' absenteeism in the hospital.

#### Section B 1. CHARACTERISTICS OF THE NURSE

Nurse characteristics refer to features of nurses' lives, such as health, family duties, and personal circumstances, that contribute to their absence from work.

- ❖ Tick your answer below for what you experience nurses are absent from work due to characteristics of the nurse for the following reasons:

1. I am looking after my family members e.g. sick mother or child etc.

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

2. I do not like the job I am doing or the wrong profession

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

3. I suffer from minor ailments e.g. backache etc.

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

4. I do not have a good relationship with my colleagues

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

5. I Suffer from stress-related illness, e.g. tiredness etc.

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

6. I am feeling lazy to do the work

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

7. I am unable to assume full responsibility for my work

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

8. I suffer from chronic medical conditions

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

9. I have financial problems

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

10. I find it difficult to deal with social matters e.g. socializing in a group and or maintaining good interpersonal relations with others.

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

11. I have a transport problem, taking a taxi, bus etc.

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

Section

## SECTION B 2. CHARACTERISTICS OF WORK

Characteristics of work refer to the degree of freedom and independence that nurses have in the workplace.

- ❖ Mark the appropriate box on your experiences regarding causes of nurses' absenteeism from the workplace due to characteristics of work:



1. Insufficient staffing levels to handle the number of patients

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

2. Working on weekends or night shifts is the problem

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

3. Intolerance of other staff members being absent

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

4. Doing extra job or part-time outside the company/hospital

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

5. Lack of knowledge and practical skills about certain procedures

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

6. Unclear roles in the unit e.g. to do the duties of other members of the multidisciplinary team

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

7. No training opportunities to improve knowledge and skills

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

8. Lack of flexibility in working hours

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

9. Unable to perform duties without a job description

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

### Section B 3. CHARACTERISTICS OF THE ORGANISATION

Characteristics of the organisation refer to all the different problems the institution has which may contribute to nurses' absenteeism.

❖ Please indicate your experiences regarding reasons why nurses absent themselves

from the workplace due to characteristics of the organisation/hospital:

1. Lack of knowledge and information about the work in the organisation/hospital

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

2. There is an unfair promotion in the organisation/hospital

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

3. Policy on nurse's absenteeism is not rigorous controls

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

4. Lack of appropriate recognition and rewards from the organisation/hospital

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

5. There is a shortage of staff in the department

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

6. Lack of vacation from the organisation/hospital

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

7. No overtime payment from the organisation/hospital

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

8. Lack of motivation to go to work

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

9. It is easier to get sick leave from an employee clinic or private doctors

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

10. Shortage of job equipment (Blood pressure machine, computers, stationery, or Laboratory needs)

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

11. Poor disciplinary procedure to follow nurse's absenteeism from hospital administration

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

12. Staff ignorance of hospital policy and rules of absenteeism

1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree

SECTION

**SECTION C: Open Ended Question**

1. What are other factors that you think cause the absenteeism of nurses in your workplace?

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Thank you for your participation.

By Boniface Olenga Student No 17400903