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# Understanding the Effects of Absenteeism on Healthcare for Professional District Nurses in Windhoek

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## ABSTRACT

Absenteeism is a behavioural habit and trend that includes failing to arrive at work on time, leaving early, taking extended breaks, and being preoccupied with personal concerns during professional hours. This study aimed to describe and explore the perceptions of registered nurses regarding the effects of absenteeism on healthcare at Windhoek district primary healthcare facilities in the Khomas region of Namibia. Employing a qualitative methodology, the study was guided by Steers and Rhodes' attendance model and a constructivist philosophical framework. The target population comprised all professional nurses working in district healthcare facilities in Windhoek. Purposive sampling was used to select both the facilities and the participants for in-depth interviews. Thematic analysis was used to interpret the data, involving a systematic coding process to construct the overarching themes. The findings highlighted the professional nurses' perspectives on the impact of absenteeism on healthcare delivery. Three key themes emerged: (1) absenteeism being primarily driven by family issues and occupational burnout; (2) absenteeism leading to poor service delivery; and (3) various strategies being necessary to address habitual absenteeism. The study established that absenteeism negatively affects nurses' physical, emotional, and occupational health, as well as the quality of patient care they are able to render. When nurses are absent, they experience mental stress, low morale, and an increased workload. Furthermore, the study established that nurses who remain on duty provide substandard patient care, heightening the risk of medical errors, and compromising their professional reputations. Consequently, those who remain on duty have to work in hazardous conditions. Recommendations to the health facilities and the Ministry of Health and Social Services were made to introduce workshops and refresher courses to nurses regarding the effects of absenteeism on patient care and to ensure active hospital employee assistance programmes to mitigate absenteeism.

***Keywords***: Absenteeism, Nurses, Primary Health Care, Quality Patient Care

## 1. INTRODUCTION

The nurse management team must effectively address nurse absenteeism because it is a complex issue they deal with daily (Duncombe, 2019). The realisation of universal health coverage is jeopardised by absenteeism (Kress et al., 2016). Additionally, absenteeism has negative effects on health, including disruptions in healthcare delivery, decreased health system productivity, and patient diversion to unlicensed healthcare providers that deliver subpar care (Onwujekwe et al., 2019). Primary health care centres are the first point of contact in all of the Khomas region's public health systems. As a result, primary health centres are expected to deliver accessible health services that are close to people's homes, and people are expected to seek treatment from primary health centres before being referred to public hospitals in the Khomas region of Namibia. In low- and middle-income

nations, stronger primary healthcare systems are linked to reduced death rates and greater population health (Kress et al., 2016).

Booyens (2021) defines 'absenteeism' as any failure to arrive at work, or to continue working throughout the scheduled shift, regardless of the cause. When employees are temporarily absent from work due to stress, this could lead to resignations and turnover. According to Booyens (2021), the majority of researchers perceive absenteeism negatively, although some see it as a method to release tension brought on by the workplace and to maintain high job motivation. According to a study conducted in India by Vadgaonkar and Velhal (2018), the hospital nursing sector employs the greatest workforce, and absenteeism may be directly linked to working conditions, which have an impact on patient care and the nurse's personal life. Mbombi et al. (2018) note that because absenteeism is a problem in the entire labour force, nursing is not an exception. According to Vadgaonkar and Velhal (2018), absenteeism occurs when a worker fails to show up for work despite being expected to (Vadgaonkar & Velhal, 2018). A 'workplace' is a setting an organisation provides for employees to carry out their duties. Griffiths et al. (2020) describe absenteeism as an employee's intentional or recurrent absence from work (Vadgaonkar & Velhal, 2018). Employers anticipate that employees will miss a certain number of workdays annually; nonetheless, excessive absences can result in reduced output, significantly affecting an organisation's income and confidence in their services.

Given the already low number of healthcare personnel, absenteeism affects the delivery of healthcare services (Mbombi et al., 2018). Absenteeism is a behavioural habit and pattern that involves failing to show up for work on time, and leaving early or taking extended lunch and tea breaks. Nurses' preoccupation with personal concerns during professional hours is also considered an example of absenteeism (Shah et al., 2020). Employee absenteeism is a notable phenomenon that is widely emphasized as a problem affecting productivity in different Namibian organisations. Absenteeism is harmful to both an employee's career and the company's efficiency. Staff absenteeism has become a more significant financial and staff performance issue for organisations and employers in recent years.

Additionally, absenteeism can also be a useful tool for gauging the psychological and physical health of healthcare professionals (Mbombi, 2018).

It was recorded that a total of 104 nurses from different primary healthcare facilities in the Khomas region, Windhoek District, Namibia, were absent in March 2021, which increased the workloads in health facilities. However, the researchers believe that the effect of absenteeism might have a greater effect on the nurses who remain on duty when others are absent (Department of Health, 2020). According to Gangai et al. (2015), an individual's decision to report for work or to absent themselves depends on whether their motives are strongest at the time they are faced with the choice of attending or when they are leaving. However, whether absenteeism is public or private, it has negative effects on all parties involved in an organisation, not only on the absent worker who healthcare seekers will suffer the most from healthcare workers' absences in the form of subpar or non-existent services. One of the quality assurance requirements of nursing is to address absenteeism to foster a healthy and encouraging practice environment for nurses and patients.

## 2. MATERIALS AND METHODS

### 2.1 Research Design

A qualitative design was selected because the study aimed to understand the process in the social and cultural contexts that shape various behavioural patterns. It strives to create a coherent story as it is seen through the eyes of those who are part of that story, to understand and present their experiences, meanings, and actions as they encountered, engaged with, and lived through the situation (Polit & Beck, 2018). The study was also exploratory because the researchers employed an open, flexible, and inductive approach to acquire new insights into the phenomenon, the meaning of absenteeism, and the care provided. This study was also descriptive to obtain complete and accurate information regarding the understanding of absenteeism and care. The researchers cited and described each participant's understanding of the concept of absenteeism and care. The setting of this study was in local primary health care facilities in Windhoek, Namibia.

### 2.2 Population

The target population in this study refers to the accessible populations that have common characteristics and include all registered nurses in primary health care facilities in Windhoek. There are only two health centres and nine clinics in the Khomas region that provide primary health care services. The Windhoek district serves a population of 461,000. According to the staff statistics of the Khomas health directorate, the Windhoek district has 240 registered nurses (RNs) and 142 enrolled nurses serving this vast population. Registered nurses were the target population because they are accountable for the overall coordination of effective patient care.

### 2.3 Sample and sampling method

A purposive sampling method was used. Purposive sampling is a method whereby the researchers assess and then choose subjects or items that are typical or representative of the phenomenon under study or who have a certain level of topic expertise (Flick, 2022).

The sample was composed of individuals who possess the most characteristics of the population that fit the criteria required for the phenomenon under study. All primary healthcare facilities in Windhoek were approached and permission was requested to conduct the study. The researchers used a non-probability sampling method to gather more information from the registered nurses (RNs) regarding their experiences in the clinics and health care centres in which they were employed and therefore perceived to possess the necessary knowledge.

According to Shukla (2020), the sample is representative of the population being studied, and data saturation determines the sample size needed to achieve qualitative information. Saunders et al. (2018) state that data saturation is reached when participants no longer provide new information and there is redundancy in the data that has already been gathered through individual face-to-face in-depth interviews. No sample size was predetermined; rather, the sample size was determined by data saturation. Data saturation was reached after the researchers's one-on-one, in-depth interviews with RNs yielded no new information. The researchers anticipated conducting 10 in-depth semi-structured interviews; however, data saturation was reached at the eighth participant.

### 2.4 Data collection

The data was collected at the health centres and clinics in the Khomas region. One-on-one in-depth interviews were conducted with participants in the official language (English) after the researchers fully explained the study to the participants and they provided their written informed consent.

The main question posed to participants was:

- *Tell me about RNs staying away from work and what effect it has on you.*

This was followed by the following probing questions:

- What are the possible reasons for absenteeism?

- What are the consequences of nurses' absenteeism?

- In your opinion, what can be done to reduce absenteeism among nursing staff?

The one-on-one interviews lasted for at least 30 minutes and participants were recruited through their supervisors at the health facilities in the Khomas region. All participant responses were audio-recorded with their consent. The interviews were conducted in the health centres' and clinics' boardrooms and tea rooms. Data collection was conducted from August 2022 to December 2022 and was guided by the Steers and Rhodes' Attendance Model (1990 revision). The researchers adopted this data-gathering technique because, according to Adosi (2020), in-depth interviews explore concerns, which were also the research objective of this study. The one-on-one interviews facilitated the study participants' communication without the researcher's influence, enabling the researchers to comprehensively understand the subject under investigation. Nghipandulwa (2015) argues that while one-on-one interviews are more private, the likelihood of confrontation, which is unavoidable in group interviews, is reduced. The researchers also recorded field notes, which facilitated recording the interviews and allowed the researchers to reflect on the conversations. Furthermore, the researchers used

Lincoln and Guba's (1985) model to measure trustworthiness, namely credibility, dependability, confirmability, and transferability (as cited in Creswell & Creswell, 2017).

Credibility was ensured during the preparation of fieldwork and data collection; the researchers spent enough time in the field to collect data until data saturation was reached. The researchers shared the same professional background as the participants, and this facilitated the participants' trust in the researcher as they had shared experiences without any judgement from the researchers. Additionally, the researchers constantly checked data with the respondents to verify that answers matched or reflected what they intended to say.

Dependability is the stability of data through time and environmental factors. It also refers to the consistency of results, meaning that the results would be the same if the study was conducted again with identical or similar participants in the same environment (Coughlan et al., 2018). For this study, the researchers held one-on-one, in-depth interviews, which were tape-recorded while field notes were taken. The themes and sub-themes were formulated in collaboration with the research supervisor.

According to Coughlan et al. (2018), confirmability refers to how closely participants' experiences match the research findings, and is necessary to prevent tainted research data. Confirmability seeks to ensure that data interpretations of the findings, conclusions, and recommendations don't represent the researcher's opinions or ideas but rather the participants' actual data. Confirmability was ensured through the audio recordings that reflected the participants' voices, and the researcher documented all observations in a notebook. Study findings were shared with the research supervisor and participants to confirm the data's veracity.

Transferability refers to research providing study recipients with sufficient information to decide if the results can be applied to different situations or different study participants. Moreover, the researcher can provide a thorough description that allows future researchers who may be interested in making a transfer to determine whether such a transfer is possible (Taylor & Bogdan, 2018). In this research, transferability was ensured through literature control during the data analysis phase, and a clear explanation of the research design was provided. Furthermore, participants' verbatim quotes were provided from the findings during the description of the findings.

### 2.5 Ethical Measures

The ethical measures that were adhered to are subsequently described. The principles of respect and autonomy were ensured by getting informed consent from the participants for the in-depth interview discussions as well as the audio recordings. The researchers did not force any individual to participate in this study. Participants could withdraw at any point in time. Approval to conduct the study was obtained from all the stakeholders.

### 2.6 Data Analysis

Data analysis was done thematically following a step-by-step process. The conversations were transcribed to provide a written record that could be segmented and rebuilt visually. The researchers then familiarised themselves with the data using an inductive approach. Descriptive statements were drawn from the raw data in an attempt to identify similarities and differences. The data was managed by coding and fragmenting. The codes allowed the researchers to gain a condensed overview of the main points and common meanings that recur throughout the data. Data was then grouped to generate themes.

## 3. DISCUSSION OF FINDINGS

### 3.1 Personal factors causing absenteeism from work: Employee illness

Personal factors can contribute to absenteeism (Krane et al., 2014). Most participants agreed that personal factors do contribute to absenteeism, as most nurses are absent for personal reasons. The participants also claimed that when a staff member is absent, they typically report being sick or having to attend to family matters. However, some are studying without taking study leave. Although the most reported factor responsible for absenteeism is sickness, most participants stated that there were many additional contributing factors ascribed to illness, as is evident in sub-themes that emerged from the main theme, namely alcohol and family responsibilities, without permission being granted by the workplace. Thus, most of the participants' views were in line with the Steers and Rhodes' Attendance Model (1990 revision), which states that when an employee is dissatisfied with their workplace, they tend to be absent and fail to report for duty.

Vadgaonkar and Velhal (2018) recognise that occupational dangers connected to physical, chemical, and biological substances, as well as to ergonomic and psychological aspects, are ongoing challenges for nurses working in hospitals. Therefore, occupational risks might change depending on the surroundings and the tasks carried out. Due to the potential health risks, there is likely to be a rise in employee absenteeism. Although a doctor's letter is frequently presented as an excuse for absence, apathy and job discontent are usually the real reasons (Schmidt & Smith, 2018). Drennan and Ross (2019) claim that absenteeism affects all organisations and that absences can be unintentional, especially in cases of serious illness or injury, but they are unnecessary when a nurse stays at home because of minor symptoms**.**

*"We have nurses that are absent from work almost every week, we have somebody that [is] absent from work due to sickness'' (P1); ''Most of the time the staff member say[s] I am sick, or my child is sick'' (P2); and* "*Sickness, attending funerals and weddings, and due to more reason[s] that I don't know because when the person is filling in the leave applications, only indicating personal reason[s], and don't go further, this one I will not know the reason" (P4).*

### 3.2 Alcohol abuse and no reason given for absenteeism

Substance and alcohol abuse have been associated with increased absenteeism since they cause dysfunctional behavioural patterns and may impact cognitive function and mood (Jarrad et al., 2018). Some participants stated that substance abuse manifests in the workplace in the form of absenteeism. Participants voiced that some coworkers are always absent at the end of every month due to alcohol. Being absent from work is punishable by Namibia's labour law. This was evident in the following statements:

*"The reason of absenteeism, is social behaviour like alcohol abuse for staff that really take alcohol, at every end of the month when they have money they are not turning up on duty'' (P3); "I do not know what the problem is; I suspect it is alcohol'' (P8); and "there are particular staff members with a problem of alcohol abuse, they either come later in the day or they tend to disappear from work'' (P9).*

The findings were also supported by Virtanen et al. (2018), who stated that high-volume alcohol consumption or heavy drinking episodes were associated with sickness absences due to digestive illnesses. Moreover, Bala and Kang'ethe (2022) shared the same sentiment and stated that substance abuse has been associated with absenteeism among employees, thereby negatively impacting their work performance.

### 3.3 Family responsibilities and career advancement

A study by Nyamweya et al. (2017) found gender to be another factor contributing to absenteeism. Women have traditionally occupied the bulk of nursing positions because they are more socially connected, have more family responsibilities, and endure physiological changes that make them less present than men. Factors contributing to absenteeism in the social environment include illness of oneself, partner, children, in-laws, and care demands. Other social factors include the celebration of festivals, children's exams, transport, and a lack of childcare facilities (Alharbi et al., 2018). According to Zhang and Reddick (2021), data shows a correlation between the absence of nurses and their dependents' ages. The absence rates of nurses with children aged 0–6 were greater than those of nurses with older children or without children. Women frequently take more sick days than men due to their parental responsibilities (Duncombe, 2019). Tweheyo et al. (2019) share the same views as this study's findings, that is that family health and conflict have been reported as factors influencing absenteeism. Tweheyo et al. (2019) further agree that absenteeism has been associated with sickness and family responsibilities. Similar findings were found by Magobolo and Dube (2019), who claim that family challenges and funeral attendance were excuses offered for absences.

The participants indicated that when employees have family responsibilities, they will lack the courage to go to work and therefore miss work or be absent from their workplace, supporting the Steers and Rhodes revised absenteeism model of 1990, which states that people who are not motivated will have difficulty going to work. Some participants further expressed their views that some staff members absent themselves due to professional development studies without taking official study leave, resulting in absenteeism.

### 3.4 Effect of absenteeism on health care service delivery

Nurse absenteeism lowers the quality of patient care and raises the organisation's costs (Gemuhay et al., 2019). According to a French study, managers are expected to decrease staff absences to avoid work overload, as nurse absenteeism has a significant impact on patient satisfaction. According to Mbombi et al. (2018), given the global shortage of nurses, it is critical to understand the influence and dynamics of absenteeism on the relationships between nurses within healthcare organisations. There could be a variety of reasons for nurses' absences, but something must be done to relieve the professional and emotional obligations of nurses who routinely report to work.

Absenteeism contributes significantly to nurses' job dissatisfaction, the additional work they must undertake as a result, and South Africa's high turnover rate. The studies stated above illustrate that absence influences both active nurses and healthcare facilities. According to Gemuhay et al. (2019), rising nurse absenteeism affects healthcare costs and quality, nurse staffing levels (resulting in nursing shortage), and healthcare facilities' efficiency. Mbombi et al.'s (2018) study established that absenteeism causes an unhealthy working environment among nurses on duty because they experience psychological stress, which affects the execution of their professional expectations, quality total patient care not being implemented because of increased workload, shortage of nurses, and decreased nurses' morale.

The immediate costs of sickness-related absenteeism to the company are sick pay and the expense of hiring temporary staff to fill the absence, which results in lost productivity. Indirect expenses, on the other hand, include low worker morale as a result of covering for absent employees and poor patient satisfaction, which can hurt the organisation's reputation. Workflow and patient care deteriorate when nurses are absent, and both are indicators of a dysfunctional workplace that can lead to injuries and accidents. Management and occupational health and safety specialists must collaborate to solve these obstacles (Allen & Bourgeois, 2018).

The participants who participated in this study mentioned that due to absenteeism, nurses working in primary healthcare facilities provided little or no care to their patients and clients. The participants agreed that given the lack of nursing care in primary health care facilities the possibility of patients getting aggressive due to delays in getting required services increased, and patients getting sicker as services were delayed, thus endangering the patients' lives and possibly leading to death. In addition, the participants further agreed that because nurses are overworked when there are not enough of them on duty, patients do not always receive the proper treatment they deserve. When nurses are absent from duty, patients do not receive optimal care. When covering up for coworkers who are absent from their workplace, nurses frequently struggle to satisfy their patients' demands. There may also be financial consequences for healthcare professionals, most notably in the form of new nurse compensation. Absenteeism reduces effectiveness and compromises the provision of quality healthcare services to patients (Kisakye et al., 2016). Furthermore, patients receive substandard care from nurses who remain on duty, resulting in the risk of medical errors (Mbombi et al., 2018). Nurse absenteeism causes an increase in workload that affects the quality of patient care as well as an increase in morbidity and mortality rates (Mbombi et al., 2018).

This study's participants also found it difficult to provide quality care when some staff members were absent; participants stated that absenteeism does affect service delivery because some service have to be discontinued, as indicated in the statements hereunder.

'*Absenteeism has a negative impact on the performance of the facility. Since it causes a shortage of staff that can lead to poor delivery of service. Absenteeism also has an impact on me as a registered nurse and in charge of the facility, because it leaves me to perform my duty as I am supposed to. I have to leave my office work to cover up for the person who did not come to work. As a result, I end up not doing statistics on time, forgetting to order the medication while attending the emergency or not attending DCC meetings' (P2)*

This study revealed that the nurses who continue working suffer from mental diseases including depression and anxiety. The primary healthcare facilities' staffing schedule will be disrupted, leading to poor patient care and service delivery.

### 3.5 Reduction of absenteeism among nursing staff at primary healthcare facilities

Existing intervention efforts, such as listening to employees' complaints and reducing staff shortages have been impeded by the lack of an absenteeism management policy (Mat Saruan et al., 2020). If nothing is done to reduce absenteeism, hospitals and other healthcare facilities may become understaffed. According to Mbombi et al. (2018), interventions should concentrate on altering the mentality of missing nurses. Even the most committed nurses encounter challenges every day, according to Burmeister et al. (2019), including increased workload brought on by a staffing shortage, burnout, or fatigue. To reduce workload, prevent weariness, and maintain nursing productivity, decreasing nurse absenteeism would benefit healthcare institutions (Mbombi et al., 2018). The study concluded that the best way to curb absenteeism is to make deductions from the nurse's basic pay in the form of unpaid leave if they are absent without a valid reason, as this could deter the nurse from failing to present themselves for duty, thereby reducing absenteeism.

The study also concluded that unpaid leave is one way to curb absenteeism, as it could set an example so that staff learn from each other. If staff members have assumed the duties of non-performing staff, other staff members will learn that uncommunicated leave has financial implications. The study further concluded that the task of assisting and guiding management as well as monitoring difficulties with institutional compliance falls under the purview of HR, and thus the HR department must be involved in curbing absenteeism.

Identifying the effects of absenteeism on nurses who remain on duty is crucial for the efficiency and effectiveness of health care organisations. The management of absenteeism, which entails identifying the causes of absenteeism, monitoring trends in nurse absenteeism, and implementing policies for absenteeism management, is a key responsibility for nurse managers in healthcare facilities. To reduce workplace absenteeism, nurses must examine and address both personal and family issues (Mbombi et al., 2018).

To maintain the degree of commitment necessary to control absenteeism, nurse managers should make nurses aware that unauthorised absences are a major problem. Nurse managers should ensure that nurses get enough rest and legitimate leave to prevent lethargy and absenteeism (Griffiths et al., 2020).

The rules, guidelines, and disciplinary processes of healthcare organisations should be used to control nurse absences properly. Nurse managers should ensure that nurses receive certification for any professional development courses that they take, clearly define sick leave policies, ensure that nurses have access to counselling services, look into absences that are out of the nurses' control, keep track of previous nurse records, and have team discussions about absenteeism with staff members (Salih, 2018). The Namibian Occupational Health and Safety Department can administer therapies targeted at reducing and avoiding occupation-associated illnesses and mental health conditions individually, in a group, or at organisational level. According to research (Bergstrom et al., 2017), implementing workplace initiatives to improve employee disease or mental illnesses is advantageous for reducing sick days in workers experiencing minor challenges or work-related stress.

According to Alharbi et al. (2018), absenteeism has been attributed to a lack of practical knowledge and skills pertaining to particular nursing operations. Additionally, Alreshidi and Garcia (2019) assert that absence may be a symptom of organisational problems, such as low staff morale, which may be brought on by the fact that nurses aren't given the chance to pursue further professional development opportunities. Conversely, Lar et al. (2018) found that people with lower levels of education and those employed by smaller enterprises are less likely to miss work than those with college degrees.

## 4. RECOMMENDATIONS

Nurses in charge of clinics and health centres should act timeously and deal with absenteeism at an early stage. In the public sector, managers are expected to take responsibility for their portfolios, which includes overseeing leaves of absence. Instead of leaving it in the hands of HR, as is the current situation, they should handle the incidents of absenteeism at facility level. If a management team fails to control employee absenteeism and there is no proof that they took corrective action when they ought to have, then management should be held accountable and complicit in the high level of absenteeism. Nurses in charge should encourage team-building and open-door policy activities among nurses in health facilities.

Finally, the organisation should regularly evaluate its procedures, ensure that workloads are distributed fairly and equally, and provide staff with stress management training to address this issue of absenteeism.

## 5. CONCLUSION

When nursing professionals miss work in a service with poor working conditions, they end up creating managerial disorganisation. This reality generates significant disturbance in the performance of activities, overloading other team members, causing a decrease in production, and consequently, a reduction in the quality of care provided.

The study results provided important insights into the perspectives of RNs regarding absenteeism's effects on healthcare in primary healthcare facilities in the Windhoek district. Conducting a study of this nature was necessary, and it is anticipated that this study will play a significant role in managing human resources in the healthcare sector.

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