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Research Article

A STUDY OF ABSENTEEISM OF NURSES IN PUBLIC HOSPITALS

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ABSTRACT

At hospitals, nursing is the largest workforce. Absenteeism may be directly related to the work conditions, reflecting on quality and productivity and on the personal life of the nursing professionals.

Objective: This study will identify extent of absenteeism of nurses and factors that influence absenteeism and recommend ways in which nurse administrators could address the factors that contribute to absenteeism rates among professional nurses working in public hospitals.

Method: It is descriptive, exploratory, quantitative, qualitative study. In the qualitative stage, annual average and overall rates of absenteeism were measured among nurses from five public hospitals of Mumbai over 12 months, according to the record given by the Hospital Management. In the qualitative stage, five nursing managers from five hospitals were interviewed.

Results: The quantitative stage revealed important differences in each institution and between institutions, with various monthly rates exceeding the monthly rate of 6.7%. The qualitative stage examined positive impact decisions taken by these institutions, where relationships with managers, dialogue, and meeting the physical and emotional demands of professionals were considered important factors.

Conclusion: Absenteeism is a reality in day-to-day nursing staff management. It varied according to the month of the year and in different hospital, and it was possible to classify according to the degree of the problem. In addition, the results showed that employee illness, illness of the in laws and other social reasons were key factors, enabling management decisions based on each hospital's reality.

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INTRODUCTION

In any enterprises Employee absenteeism is a remarkable phenomenon that has been widely emphasised as a problem affecting productivity in various sectors.

Nursing is a human science, one that regards people and relationship experiences, with fields of knowledge, foundations, that comprehend states of health and disease. Therefore, it demands technical competence from the professionals, capacity of reflection, critical analysis, and constant improvement of his/her technical-scientific knowledge⁴.

At hospitals, nursing is the largest workforce. Absenteeism may be directly related to the work conditions, reflecting on quality and productivity and on the personal life of the nursing professional. In the world of hospital work, nursing professionals are constantly exposed to occupational risks

related to physical, chemical, and biological agents, and to ergonomic and psychosocial factors. The occupational hazards range according to the activities performed and the environment. The occupational hazards range according to the activities performed and the environment. Risk overload may harm the worker's health, causing absenteeism⁽⁵⁾.

Studies that talked absence in the health care sector have shown that nurses' absenteeism is usually the highest compared with the rest of health-care providers with sickness being the most prevalent reason behind absenteeism.

Work conditions in nursing imply long hours, working in wearying shifts (early and late night, Sundays and holidays), rounds, the multiplicity of functions, repetition and monotony, intensive and excessive working pace, anxiety, physical effort, awkward positions, separation of intellectual and manual work, control by the supervision, all of it capable of causing accidents and diseases.

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Nurses generally do not like to float to other units due to the potential negative impact on patient safety (especially when patient requirements are different), and the stress of working in an unfamiliar physical environment, using unfamiliar equipment, and having unfamiliar coworkers (Ferlise and Baggot 2009).

Significance of the Study

Absenteeism among professional nurses is a major concern for employers. It is costly and results in decreased standards of patient care. Despite the international interest in, and research on absenteeism, much remains unknown about its determinants (Zboril-Benson 2002:89). This study will identify factors that influence absenteeism and recommend ways in which nurse administrators could address the factors that contribute to absenteeism rates among professional nurses working in public hospitals of Municipal Corporation of Greater Mumbai

Absenteeism in nursing is a concern because it disorganizes the work routine, causes dissatisfaction, and overburdens workers those are present consequently lowering the quality of patient health care.

Absenteeism of nurses places a recurrent strain on the already limited number of nursing staff in public hospitals of Mumbai. This affects the ability of such an organization to cope effectively with the challenges presented by its environment and it has a disruptive effect on the functioning of an organization.

A sufficient number of nurses is essential for the delivery of quality nursing care in health care institutions. Nurses form the spine of the health care delivery system worldwide and adequate nursing staff members are needed to deal with the health care needs of the community in this country as well. Health care institutions have had serious problems with absenteeism of nurses.

This absenteeism results in increased staff shortage. Nurse administrators and patients both expect nurses who are on duty to complete all their allocated tasks on time and meet the health care needs of patients irrespective of staff shortages.

Nurse administrators experience difficulties in altering work schedules and reallocating the nursing tasks of those who are absent from work to the nurses who are present, to ensure the continuity of patient care in the unit. Nurses are often overloaded when covering for their absent colleagues. It often leads to work overload and a high nurse to patient ratio, which in return compromise patients' outcomes and increase mortality rates.

Nurses' absence from work may be either planned or unplanned. Planned absences, such as scheduled vacations, continuing education classes, and training are easier to cope with because a nurse manager has advance knowledge of potential staff shortages created by such absences. In contrast, unplanned absences are costly and may compromise patient safety as well as quality of care because well qualified replacements can be expensive and difficult to find at a short notice. For these reasons, our focus in this paper is on unplanned absenteeism.

This study will identify extent of absenteeism of nurses and factors that influence absenteeism and recommend ways in

which nurse administrators could address the factors that contribute to absenteeism rates among professional nurses working in public hospitals.

Purpose of the Study

The statement of the research purpose communicates more than just the nature of the problem. The purpose of the study is to assess the extent of absenteeism of nurses and to identify determinants influencing absenteeism amongst professional nurses in a selected public hospital and to recommend strategies to address the problem of absenteeism of nurses in that hospital.

Research Objectives

A research objective is a general statement of the purpose of the study. The statement is broken down into specific objectives to be achieved or research questions to be answered by the study (Cormack 2003:18) This study-aimed to assess the extent of absenteeism of nurses and to identify determinants influencing absenteeism amongst professional nurses in public hospitals in Mumbai.

The objectives of this study were to:

Objectives

- To assess the extent of absenteeism of nurses at work place.
- To assess the types of authorized leave availed by the nurses.
- To identify determinants influencing the absenteeism among nurses.

Definition of Concepts

Operational Definitions

Absenteeism - In this study nurses' absenteeism means Absenteeism is an expression used to name the absence of an employee from work.

The staff nurses are permissible to take their weekly off, their casual leave and their annually allotted earn leave and sick leave. For the smooth functioning of the hospital and for better care of the patients here total days of personal leave is considered only 50 days.

The staff nurse is absent beyond permissible limits of the days of the predetermined year Jan 2016 to Dec2016. i.e. 15 days Casual-Leave. and [Half Pay Leave+Annual Leave+Leave WithoutPay +Absent Without Leave =35] days thus altogether 50 days.

The three major factors were identified which contribute to absenteeism among nurses these are nurses' personal characteristics, characteristics of sickness of their own, husband, children or in-laws, and social characteristics associated with celebration of festivals, children's exam, transport, lack of child-care facilities (e.g. Creche), etc.

Staff nurse -. In this study the staff nurse means an experienced registered nurse midwife who is permanent in service more than one year.

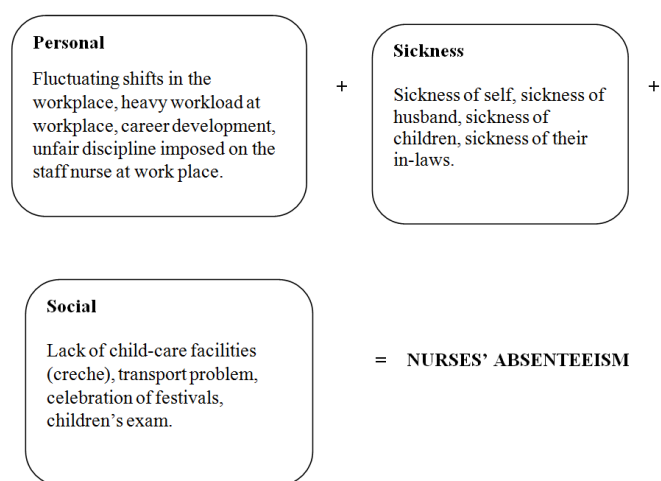
Public Hospitals- In this study public hospitals means selected general hospitals of Municipal Corporation of Greater Mumbai.

(M.C.G.M.). These are KEM Hospital,(H₁) B.Y.L. Nair Hospital, ,(H₂) L.T.M.G.Sion Hospital, ,(H₃) Dr.V.N.Desai Municipal General Hospital ,(H₄) and Rajawadi Municipal General Hospital. ,(H₅)

Conceptual Framework

The concept of the conceptual model of cause and effect that provides a framework for examining health services and evaluating quality of health care is tested in the present study, "A study of absenteeism of nurses in public hospitals."

In many studies three major factors were identified which contribute to absenteeism among nurses these are nurses' personal characteristics, characteristics of sickness of their own, husband, children, or in-laws, and social characteristics associated with celebration of festivals, children's exam, transport, lack of child care facility (creche), etc.



LITERATURE REVIEW

This literature reviewed about factors influencing nurses' absenteeism rates. According to (Fain 2004: 50), a literature review involves identification and analysis of relevant publications that contain information pertaining to the research problem. The literature review serves several important functions that make it worth the time and efforts. Cormack (2003:22) describes the literature search as a critical review of previous literature relating to a research topic, the aim of which is to prepare the ground for new research.

Literature reviews can serve several important functions in the research process. A literature review provides an orientation as to what is known and about an area of inquiry, to ascertain what type of research can best make a further contribution to the existing base of evidence about the topic being investigated. Fain (2004:51) states that the literature review determines what is known and what is not known about a subject, concept, or problem.

The purpose of the literature review in this study was to obtain information on factors influencing nurses' absenteeism and recommend strategies to address the problems of absenteeism.

Davey *et al.* (2009) reported that work attitude included common themes such as job satisfaction, organizational commitment, and job involvement. One factor that could influence work attitude is undesirable work conditions (e.g.

extreme temperatures, workplace stress and chronic work related physical conditions) and another is supervisor support (e.g. caring, training, compensate for overtime and work rearrangement).

Bamberger and Biron (2012) in a cross-sectional study, examined whether undesirable work conditions contributed to absenteeism while considering peer referent groups (i.e., peers in the workplace whose opinions influenced an individual) and supervisor support.

They suggested that workers may avoid coming to work when that work involves hazards (e.g. extreme temperatures, and workplace stress) or poor working conditions

In 2012, Bamberger and Biron added that supervisor support could also influence absenteeism.

If the worker's supervisor was supportive and fostered a team effort, then the worker should find it more difficult to miss work.

Work attitude could also be influenced by workload or a worker's perceived workload. Rauhala *et al.* (2007) examined the effect of workload on absenteeism in an observational cohort study. Their study involved 877 registered nurses and registered practical nurses in 31 wards from five public hospitals in Finland in 2004.

Nurse managers experience difficulties in altering work schedules and reallocating the nursing tasks of those who are absent from work to the nurses who are present, to ensure the continuity of patient care in the unit (Taunton, Perkins, Oetker-Black & Heaton 1995:82).

Absenteeism and the resultant increased workload for the nurses compromises the quality of patient care. The remaining nurses experience work-related stress, which adversely affects their morale. This may in turn cause absenteeism .

Haccoun and Jeanrie found that individual absence patterns depend on the personal attitudes of the nurse towards his or her work. Nurses with a negative work attitude contribute to a higher rate of absenteeism in the workplace than those with a positive work attitude.

Mohamed Baydoun *et al* in his "What do nurse managers say about nurses' sickness absenteeism? "A new perspective revealed that data analysis yielded three domains as follows: work-related, individual and organisational factors that lead to nurses' sickness absenteeism.

Schreuder JA, Roelen CA *et al*: In their "Leadership effectiveness and recorded sickness absence among nursing staff": a cross-sectional pilot study stated that the leadership style used in health facilities can influence the absence trends of health workers. In the Netherlands, managers' leadership effectiveness was inversely related to the number of absence days and short-term absence of nurses although there was no relationship to long-term absence. However, in work also undertaken in the Netherlands investigating the effects of two leadership styles neither influenced absence frequency, although it was proposed that a combination of different styles could lower absence frequency.

Cultural differences in absenteeism can further be noticed in that some reasons for health worker absenteeism were only

found in studies done in LICs. Isah *et al.* in their study among the entire staff of a hospital in Nigeria identified common causes of absence including: attendance at examinations, social events like marriage and burial, adverse weather conditions, and travel and transportation problems. These are reasons that were not generally reported in studies done in HICs.

Tripathi M. *et al.*: In their study "Absenteeism among nurses in a tertiary care hospital in India" found that unplanned sickness leave rates were highest among older ward nurses while the highest planned sickness leave rates were among younger operating theatre nurses, with absence mainly attributable to childbirth.

Trinkoff *et al.* while studying effects of physical demands among registered nurses in the USA, established that younger nurses took more sick days. Such findings are also reported from Nigeria where retrospective analysis of sickness absence records of all hospital employees also found that younger employees and those employed for shorter periods of time had a higher rate and duration of absence.

Bourbonnais R, Mondor M : in their study "Job strain and sickness absence among nurses in the province of Québec" identified that heavy workload has been as a reason for both short- and long-term sickness absence. This may encompass as with many factors influencing absenteeism, effects are not always consistent.

As per Municipal Corporation of Greater Mumbai Service Rules for nurses and the circulars issued by the Municipal Commissioner time to time, there are certain types of leave privileges are given to all nursing staff in a year. Usually all the nurses working in various organizations of Municipal Corporation of Greater Mumbai enjoy these privileges in throughout the year with the permission of the sanctioning authority. Even then there are some nurses who remained absent beyond these days or without the permission of sanctioning authority. Thus, this absenteeism of nurses causes compromising of patient care and thereby lowering the quality patient care, this also increases the work load for the nurses who are regular in their duties.

Research Design

The research has used descriptive, explorative, quantitative, design. The sample was selected by non-probability purposive sampling technique and size was calculated by power analysis. The samples were selected from predetermined public hospitals who were fitting into the inclusion criteria of sample selection. The tools utilized consisted of semi structured questionnaire for demographic data and for other observations. Validation of the tool was carried out by the experts from the various fields like general education, administration, nursing education, nursing administration and management, statisticians, English and Marathi language experts. The opinions and suggestions given by these experts had been considered to modify the tools after discussing with the guide. The tools were tested for reliability in the Indian Setting and for to be feasible.

This is a descriptive exploratory study, quantitative and qualitative in nature, the goal of the study was to describe the factors causing absenteeism of nurses in public hospitals in Mumbai.

Protocol, Data Collection Procedure

- Ethical Committee approval obtained from the institution.
- Permission obtained from each hospital's concerned authority to conduct the research study.
- Explained the research study to the nurse manager (Matron) and the staff nurses and requested their willingness for participation in the study.
- Obtained informed consent from the subjects who were willing to participate in the study.
- Assured them the confidentiality and anonymity of their name and the results will be used only for research purpose

Setting of Study-Five selected Hospitals of Municipal corporation of greater Mumbai. 3 medical college attached city hospitals and two suburbans Hospitals.

Population- Total staff nurses in M.C.G.M. are approximately 5232.

Sample Size- The staff nurses working in above five selected hospitals under study are as follows-

(H ₁) -	785
(H ₂) -	602
(H ₃) -	610
(H ₄) -	267
(H ₅) -	136
Thus Total -	2400

Inclusion Criteria - The staff nurses have minimum 1 yr. of professional experience -- were on unauthorised leave or absent beyond the permissible days of leave during the predetermined period of the year i.e. January 2016 to December 2016. i.e. 15 days Casual -Leave. and [Half Pay Leave+Annual Leave+Leave Without Pay +Absent Without Leave =35] day thus altogether 50 days.

Exclusion Criteria -The staff nurses who were on long leave without intimation hence not available for study. --- working at primary level care peripheral Institutions i.e. Health posts are excluded from the study.

METHODOLOGY

Demographic Data

- Age
- Current Marital Status
- Present years' experience
- Family Structure

Number of children in the family

- 1 Child
- 2 children
- 3 + children
- No child

Absenteeism number of days during the year

- 51 - 180 Days
- 181 - 365 Days
- 365 Days and above

Major reasons for Absenteeism

Personal characteristics, characteristics of sickness of their own, husband, children, or in-laws, and social characteristics associated with celebration of festivals, children’s exam, transport, lack of child care facility (creche), etc.

Data Analysis

METHOD

This is a descriptive exploratory study, quantitative and qualitative in nature, which was conducted from January 2016 to December 2016 to in five public hospitals, located in the city of Mumbai, referred to in this study as hospitals as H1, H2, H3, H4 and H5 respectively.

The data was collected from the matrons of the five hospitals. In quantitative terms, the variable analysed was the nursing staff absenteeism rates. calculated in these hospitals, during the period studied. In qualitative terms, the population consisted of the 2400 staff nurses and 5 Matrons (nursing managers) of these hospitals, referred to in this study as M 1 to M5 respectively.

Data on absenteeism rates was collected by consulting institution documents and the results were recorded on spreadsheets. The qualitative data was obtained from the nursing managers in individual semi-structured interviews, based on the following questions:

1. Is nurses’ absenteeism a common problem in your unit? Please explain.
2. What is approximately the percentage of nurses’ absenteeism in your unit in the past
3. 1 year?
4. In your opinion, what are the causes of nurses’ absenteeism?
5. How can these cause lead to nurses’ absenteeism?
6. In your opinion, how can nurses’ absenteeism affect you, your staff and the organisation?
7. Do you think nurses’ absenteeism can be managed more effectively? Please explain.

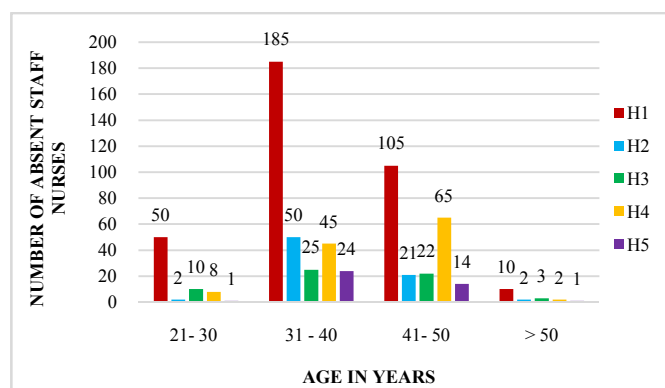
Data Analysis

Table 1 Demographic Data

N = Number of Absent Staff Nurses

H₁ = 350, H₂ = 75, H₃ = 60, H₄ = 120 and H₅ = 40

Hospitals	(H1)	(H2)	(H3)	(H4)	(H5)
AGE (Years)					
21- 30	50 (14.28%)	2 (2.67%)	10 (16.66%)	8 (6.67%)	1 (2.5%)
31 - 40	185 (52.86%)	50 (66.67%)	25 (41.67%)	45 (37.5%)	24 (60%)
41- 50	105 (30%)	21 (28%)	22 (36.67%)	65 (54.16%)	14 (35%)
> 50	10 (2.86%)	2 (2.66%)	3 (5%)	2 (1.67%)	1 (2.5%)
Experience (Years)					
<10	50 (14.29%)	2 (2.67%)	10 (16.66%)	10 (8.33%)	1 (2.5%)
<15	200 (57.14%)	50 (66.67%)	25 (41.67%)	43 (35.83%)	24 (60%)
< 20	90 (25.71%)	21 (28%)	22 (36.67%)	65 (54.17%)	14 (35%)
>20	10 (2.86%)	2 (2.66%)	3 (5%)	2 (1.67%)	1 (2.5%)
NO. OF CHILDREN					
1	45 (12.86%)	35 (46.66%)	32 (53.33%)	40 (33.33%)	20 (50%)
2	290 (82.86 %)	36 (48%)	25 (41.67%)	75 (62.50%)	15 (37.50%)
3+	5 (1.42%)	2 (2.67%)	1 (1.67%)	0	0
No children	10 (2.86%)	2 (2.67%)	2 (3.33%)	5 (4.17%)	5 (12.50%)
Family Structure					
SINGLE/ NUCLEAR	300 (85.71%)	52 (69.33%)	45 (75%)	70 (58.33%)	25 (62.50%)
JOINT	50 (14.29%)	23 (30.67%)	15 (25%)	50 (41.67%)	15 (37.50%)



The table depicts that the demographic profile of the absent staff nurses of predetermined public hospitals of the Municipal Corporation of Greater Mumbai (M.C.G.M.). The absent staff nurses as per the inclusive and exclusive criteria were H₁=350, H₂= 75, H₃= 60, H₄= 120 and H₅= 40. **Age** of the absent staff nurses was distributed in four groups 21yrs. to 30 yrs, 31yrs to 40yrs ,41yrs to 50yrs and above 50yrs. Maximum absent staff nurses were of H₃ -10(16.66%), 50(15.28%) in H₁ , 8 (6.67%) in H₄ and 2(2.67%) in H₂ hospitals in the age group of 21 to 30 yrs.

50(66.67%) in H₂ hospital, 24 (60%) in H₅, 185(52.86%) in H₁ hospital, 25 (41.67%) in H₃ and 45 (37.5%) in the H₄ hospital in the age group of 31 to 40 yrs.

In age group of 41 to 50 yrs, there were 65 (54.16%) in the H₄, 22 (36.67%) in H₃ hospital, 14(35%) in H₅ hospital, 105 (30%) in H₁ hospital and 21 (28%) in H₂ hospital staff nurses were absent.

Above 50 yrs there were maximum staff nurses absent in 3 (5%) in H₃ hospital, 10 (2.86%) in H₁ hospital, 2 (2.66%) in H₂ hospital, 1 (2.5%) in H₅ and 2 (1.67%) in H₄ hospital.

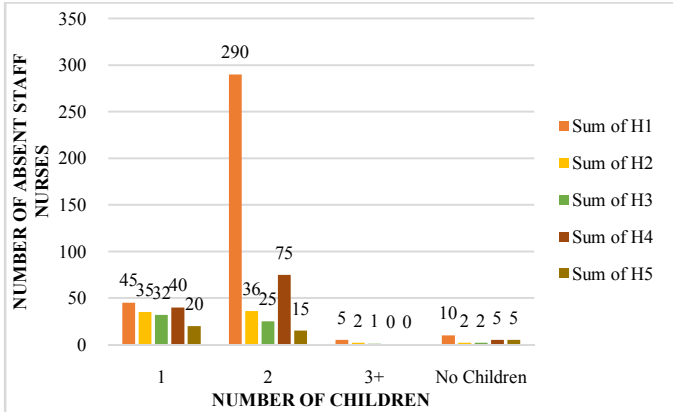


The table depicts that the demographic profile of the absent staff nurses of predetermined public hospitals of the Municipal Corporation of Greater Mumbai (M.C.G.M.). The absent staff nurses as per the inclusive and exclusive criteria were H₁=350, H₂= 75, H₃= 60, H₄= 120 and H₅= 40. **Experience** of the absent staff nurses was distributed in four groups < 10 yrs., < 15 yrs, < 20 yrs and > 20 yrs. Maximum absent staff nurses were of H₃ -10 (16.66%), 50 (14.29%) in H₁ , 10 (8.33%) in H₄ and 2 (2.67%) in H₂ hospitals in the experience of < 10 yrs.

50 (66.67%) in H₂ hospital, 24 (60%) in H₅, 200 (57.14%) in H₁ hospital , 25 (41.67%) in H₃ and 43 (35.83%) in the H₄ hospital in the experience of < 15 yrs.

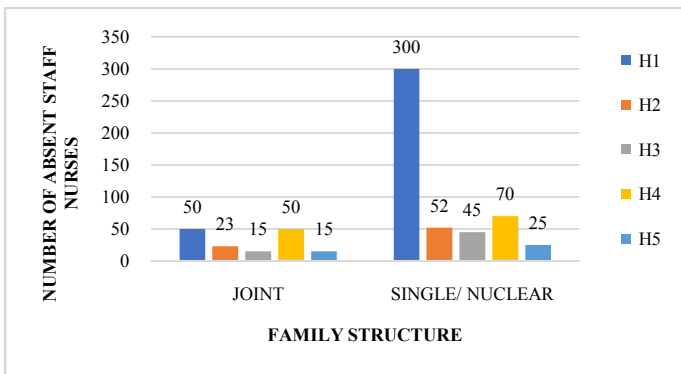
In the experience of < 20 yrs. there were 65 (54.17%) in the H₄, 22 (36.67%) in H₃ hospital, 14(35%) in H₅ hospital, 21 (28%) in H₂ hospital and 90 (25.71%) in H₁ hospital staff nurses were absent.

Above 20 yrs there were maximum staff nurses absent in 3 (5%) in H₃ hospital, 10 (2.86%) in H₁ hospital, 2 (2.66%) in H₂ hospital, 1 (2.5%) in H₅ and 2 (1.67%) in H₄ hospital.



The table depicts that the demographic profile of the absent staff nurses of predetermined public hospitals of the Municipal Corporation of Greater Mumbai (M.C.G.M.). The absent staff nurses as per the inclusive and exclusive criteria were H₁=350, H₂= 75, H₃= 60, H₄= 120 and H₅= 40. Number of Children of the absent staff nurses was distributed in three groups 1 child, 2 children and 3+ children. Maximum absent staff nurses were of H₃ -32 (53.33%) 20 (50%) in H₅, 35 (46.66%) in H₂ and 40 (33.33%) in H₄ hospital and 45 (12.86%) in the H₁ hospital having only one child. 290 (82.86%) in H₁ hospital, 75 (62.50%) in H₄, 36 (48%) in H₂ hospital, 25 (41.67%) in H₃ and 15 (37.50%) in the H₅ hospital having 2 children.

In the group where the absent staff nurses having 3+ children, there were 2 (2.67%) in the H₂ hospital, 1 (1.67%) in H₃ hospital, 5 (1.42%) in H₁ hospital. There were no staff nurses who are having 3 + children in H₄ and H₅ hospitals. In the group the absent staff nurses those who were not having children maximum recorded in H₅ 5 (12.5%), in H₄ 5 (4.17%) H₃ 2(3.33%), H₁ 10(2.86%) and H₂ 2(2.67%)



The table depicts that the demographic profile of the absent staff nurses of predetermined public hospitals of the Municipal Corporation of Greater Mumbai (M.C.G.M.). The absent staff nurses as per the inclusive and exclusive criteria were H₁=350, H₂= 75, H₃= 60, H₄= 120 and H₅= 40. Family Structure of the absent staff nurses was distributed in two groups single / Nuclear and Joint family. Maximum absent staff nurses were of

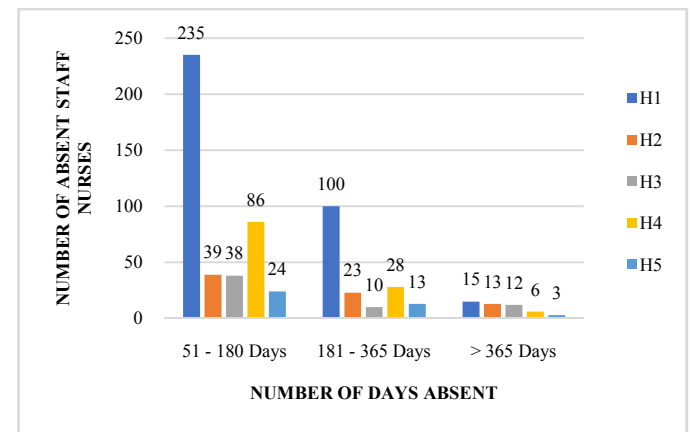
H₁ -300 (85.71%) 45 (75%) in H₃, hospital, 52 (69.33%) in H₂, 25 (62.50%) in H₅ and 70 (58.33%) in H₄ hospital having singular or nuclear family structure. Whereas 50 (41.67%) in H₄ hospital, 15(37.50%) in H₅ hospital, 23 (30.67%) in H₂ hospital 15 (25%) in H₃ hospital, 50 (14.29%) in H₁ hospital having joint family structure. It shows that single or nuclear family size affects the directly the caring of child/children and hence indirectly affects the absenteeism of staff nurses from the work place.

Section II: To assess the extent of absenteeism of nurses at work place.

N = Number of Absent Staff Nurses

H₁ = 350, H₂ = 75, H₃ = 60, H₄ = 120 and H₅ = 40

Hospitals	(H1)	(H2)	(H3)	(H4)	(H5)
No. of days of Absenteeism					
51 - 180 Days	235 (67.14%)	39 (52%)	38 (63.33%)	86 (71.67%)	24 (60%)
181 - 365 Days	100 (28.57%)	23 (30.67%)	10 (16.67%)	28 (23.33%)	13 (32.50%)
> 365 Days	15 (4.29%)	13 (17.33%)	12 (20%)	6 (5%)	3 (7.50%)



The table depicts the assessment of the extent of absenteeism of nurses at work place, in predetermined public hospitals of the Municipal Corporation of Greater Mumbai (M.C.G.M.). The absent staff nurses as per the inclusive and exclusive criteria were H₁=350, H₂= 75, H₃= 60, H₄= 120 and H₅= 40. Number of days of absenteeism of the absent staff nurses was distributed in three categories- 51 to 180 days, 181 to 365 days and more than 365 days. Maximum absent staff nurses of 51 to 180 days were in 86 (71.67%) in H₄ hospital, 235 (67.14%) in H₁ hospital, 38 (63.33%) in H₃, 24 (60%) in H₅ and 39 (52%) in H₂ hospital.

In 181 to 365 days category of absenteeism of staff nurses were 13 (32.50%) in H₅ hospital, 23 ((30.67%) in H₂, 100 (28.57%) in H₁, 28 (23.33%) in H₄ and 10 (16.67%) in H₃ hospital. More than 365 days category there were 12 (20%) in H₃, 13 (17.33%) in H₂, 3 (7.50%) in H₅, 6 (5%) in H₄ and 15 (4.29%) in H₁ hospital the staff nurses were absent.

The table depicts the assessment of the extent of absenteeism of nurses at work place, in predetermined public hospitals of the Municipal Corporation of Greater Mumbai (M.C.G.M.). The absent staff nurses as per the inclusive and exclusive criteria were H₁=350, H₂= 75, H₃= 60, H₄= 120 and H₅= 40. Number of days of absenteeism of the absent staff nurses was

distributed in three categories- 51 to 180 days, 181 to 365 days and more than 365 days. Maximum absent staff nurses of 51 to 180 days were in 86 (71.67%) in H₄ hospital, 235 (67.14%) in H₁ hospital, 38 (63.33%) in H₃, 24 (60%) in H₅ and 39 (52%) in H₂ hospital.

Section III: To assess the types of authorized leave availed by the nurses.

N = Number of Absent Staff Nurses

H₁ = 350, H₂ = 75, H₃ = 60, H₄ = 120 and H₅ = 40

Authorized Availed Leave days for the nurse per year Municipal Service Rules and Regulations is as follows	
Casual Leave ---	15
Sick Leave	20
Annual leave	30
Weekly Offs	72
Public Holidays	12
Thus Total	149 days

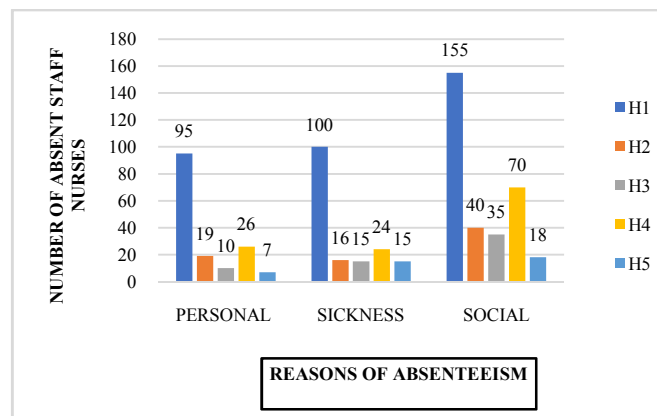
As per the Municipal Corporation of Greater Mumbai service rules and regulations the certain number of days of authorised leave is sanctioned for the employees of that department of corporation. Here the entire nursing department is being sanctioned the authorised leave as above table. Thus, in a given year approximately 149 to 150 days of the authorised leave is granted for the nursing category by the M.C.G.M. authority.

Section IV: To identify determinants influencing the absenteeism among nurses

N = Number of Absent Staff Nurses

H₁ = 350, H₂ = 75, H₃ = 60, H₄ = 120 and H₅ = 40

Hospitals	(H1)	(H2)	(H3)	(H4)	(H5)
Reasons for absenteeism					
Personal					
• Fluctuating shifts at workplace					
• Heavy Workload at workplace					
• Carrier Development					
• Unfair/ Inadequate treatment of staff at workplace	95 (27.14%)	19 (25.33%)	10 (16.67%)	26 (21.67%)	7 (17.50%)
• Unfair discipline imposed on the staff nurse at workplace					
Social					
• Lack of Child care facilities					
• Transport problem at workplace	155 (44.28%)	40 (53.33%)	35 (58.33%)	70 (58.33%)	18 (45%)
• Celebration of festivals					
• Children's Examinations					
Sickness					
• Self					
• Husband	100 (28.57%)	16 (21.33%)	15 (25%)	24 (20%)	15 (37.50%)
• Child/ Children					
• In- laws					



The table depicts the assessment of the reasons of absenteeism of nurses at work place, in predetermined public hospitals of the Municipal Corporation of Greater Mumbai. (M.C.G.M.). The absent staff nurses as per the inclusive and exclusive criteria were H₁=350, H₂= 75, H₃= 60, H₄= 120 and H₅= 40. Reasons of absenteeism of staff nurses were categorized in three categories. Personal, Social and Sickness reasons The first is Personal Reasons in this category there were Fluctuating shifts at workplace ,Heavy Workload at workplace ,Carrier Development Unfair/ Inadequate treatment of staff at workplace and Unfair discipline imposed on the staff nurse at workplace reasons considered for collection of data purpose. H₁ 95(27.14%) was showing maximum personal reasons for absenteeism, H₂ 25(25.33%) ,H₄ 26(21.67%) , H₃ 10(16.67%) and H₅ 7(17.50) of personal reasons of absenteeism among the staff nurses. Social Reasons in this category there were Lack of Child care facilities, Transport problem at workplace, Celebration of festivals like Ganeshyotsav, Diwali, Christmas etc., Children's Examinations reasons included for collection of data purpose. H₃ 35(58.33%) and H₄ 70(58.33%) absenteeism of staff nurses in social reasons, H₂ 40(53.33%), H₅ 18(45%), and H₁ 155(44.28%) recorded. The third reason was Sickness Reasons, in this category there were Self, Husband, Child/ Children, in- laws sickness reasons were considered. Maximum in 15 (37.50%) in H₅, 100 (28.57%) in H₁ H₃ 15(25%), H₂ 16(21.33%) and 24(20%) in H₄ recorded in sickness category

Section V Semistructured Questionnaires to the Nurse Administrator

The nurse administrators from all five hospitals were asked the following semi structured open questionnaires face to face and summarised as followed:

1. Is nurses' absenteeism a common problem in your unit? Please explain.

All the five nurse administrators viewed that nurses' absenteeism is a major problem in their respective hospital. The absenteeism of nurses has tremendous effect on the patient care especially in the morning hours when the patient care is at the optimum level. ,also, does it bring the difficulty in managing the other two shifts afternoon and night where number of allowed nursing force is less. At the same time this unplanned sickness leave absenteeism causes the administrators difficulty in managing nursing force round the clock for the better care.

Some of them answered "Absences ultimately take a charge on care and the whole team (H5). "Absenteeism demonstrates quality of work and mainly how the staff member is perceived

(H4).” “Absenteeism has an impact on nursing activities (H₂).”
“Absenteeism is negative for nursing (H₁).”

1. What is approximately the percentage of nurses’ absenteeism in your unit in the past 1 year?

The highest nurse absenteeism rates in almost all institutions occurred between March to May with 6.5% and 12.8%, respectively; due to children examinations and annual vacations, and again it will be during the festival seasons like Ganeshyotsav, Diwali, Christmas Etc. The absenteeism rates exceed to 19% monthly level as reported by the administrators.

2. In your opinion, what are the causes of nurses’ absenteeism?

As far as the causes of absenteeism, the nursing managers considered employee illness as well as predisposing factors for illness, as essential causes. (H₄, H₅)

Due to fluctuating shifts, heavy workload at workplace in major hospitals musculoskeletal system diseases were the most common cause of absenteeism among nursing professionals. (H₁, H₂, H₃, H₄)

All the nurse administrators /managers quoted that nurses in the age group of 31 -40 years show more score of absenteeism due to no one to look after their children at home as singular family, or due to in-law’s illness, Child’s annual examinations are another leading cause of the absenteeism among the most nurses whose children schooling, they all quoted.

Nurses who are staying very far from their work-place remain absent frequently due to transport problem. (H₁, H₂, H₃)

School summer vacations, festival celebrations like Diwali, Ganpati etc also show the sporadic absenteeism among the nursing staffs who do not fall in above category.

3. How can these cause lead to nurses’ absenteeism?

Thus, the internal monitoring of absenteeism in each institution during the study period revealed variations by month and in different hospitals, resulting in a 5 average annual rate that made each situation distinct and provided input for management decisions tailored to each institution’s reality.

In turn, external monitoring, when the absenteeism rates in the five institutions were compared, showed different percentages, which enabled the institutions to be ranked and classified according to the degree of problems faced in this regard and involved specific managerial decisions for dealing with absenteeism in the different institutional contexts.

4. In your opinion, how can nurses’ absenteeism affect you, your staff and the organisation?

In opinion of major hospitals matrons (H₁, H₂, H₃) as well as peripheral hospitals (H₄, H₅) the absenteeism affects their institution very much as the patient care at stacked, especially in critical areas where the number of nurses are as per the intensive care ratio are placed by the nursing manager and when the staff remain absent the other co-worker has to take the additional load of patient care. Here if they receive emergency admission then the care is compromised, chances of reporting mistakes can take place.

As a administrator they also find it difficult to manage the absenteeism in all three shifts but more in the night shift. In the

night shift the number of nurses is less as per the ratio and when the one nurse is deducted from one ward or department to another working area, the resentment or dissatisfaction among the nursing staff exposed. They show their unwillingness for working in different set up. Thus, patient care is affected, patient’s relatives are unsatisfied and consequently the organization’s name is altered as “careless, or not good “, for patient care. The absenteeism of nurses disturbs the cohesiveness in the entire health care team functions.

5. Do you think nurses’ absenteeism can be managed more effectively? Please explain.

As per the opinion of the all five matrons, (administrators) the absenteeism can be managed with following remedial measures which can be narrated as follows ---

- Nurse patient ratio--The important is the maintenance of the nurse patient ratio as per the nursing council norms i.e. 1:3 in general patient and 1:1 for intensive care patients. As we maintain this ratio the workload will be automatically reduced, and it will help to reduce personal illnesses. It will help to create the friendly environment among nurses which will help for best patient care, because each nurse becomes supportive for each other.
- Counselling --In addition to it there should be counselling for all the staff nurses for working in the critical areas because they avoid working due to fear of critical patient care. which will help in reducing the absenteeism.
- Residential Quarters The nurses who are staying very far from their work-place area and if they need quarters they should be given preference for residential quarters.

DISCUSSION

Absenteeism of nurses places a constant strain on the already limited number of nursing staff in health care institutions in this country.

A sufficient number of nurses is essential for the delivery of quality nursing care in health care institutions.

This study confirms that there are varied definitions of absenteeism that depend on the circumstances in which the study is conducted, the availability of informative routine data and the factors investigators consider to be most problematic as causes.

However, it also needs to be noted that health worker absenteeism has often been difficult to measure in both high- and low-resource settings. Absence records in some form in hospitals are often routinely available. Some report having sickness absence records, but these often seem to be incomplete or inaccurate. especially when reasons are self-certified or self-reported, as false reporting and recall bias may limit meaningful interpretation.

Behind the absenteeism of staff nurses the major reason lies social causes which comprises lack of child care facilities, transport problem at workplace, celebration of major festivals, which highest in other two reasons of absenteeism i.e. Sickness of self, of her husband, her child/children and in-laws etc. or personal reasons which at the least rank which comprises

fluctuating shift at workplace, heavy workload at workplace, carrier development, unfair/ inadequate treatment of staff at workplace and unfair disciplined imposed on the staff nurse at work place.

Sickness absence may in some cases be an speedy way of avoiding negative work environments or experiences.

CONCLUSION

This study suggests some factors of nurses' absenteeism related to nurses' individual or personal, professional or organizational workplace; however, we firmly believe that these factors are more likely interrelated and do not work alone.

It would be ideal to solve all these factors by conducting, promoting organizational promoting flexibility in duty period up to certain level, occupational safety reducing workload by filling up the nurses post as per the nursing council norms, creating a friendly work environment at unit level, creating a sense of belonging by the administrators by having various organizational events such as best unit of the year, best employee of the year, get to together, picnic, etc. the transformational leadership educational programme, Professional development programs have great impact on reducing nurses' absenteeism with recognition and rewards, in-service educational programme consist of stress management, yoga etc.

While reducing absenteeism administrators should deal with consistent policies and principles all together in all settings.

In view of the employees' health on duty in subsidized rate the food to be provided, for their children a well-established child care facility like crutch to be established in hospital premises, medical examination to be conducted annually for all the staff. Finally, feeling secure in a job is important and is probably connected with other important parameters in the nursing workforce such as nurses' satisfaction and retention.

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