Perceived Antecedents of Nurse Absenteeism in Qassim Region, Saudi Arabia: Inputs for a Proposed Management Plan

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Abstract
This descriptive-comparative and descriptive-correlational study aims to explore the antecedents of absenteeism among staff nurses who work in government tertiary hospitals, which can be considered the basis for the data of a proposed management plan conducted during the 2020fiscal year. It yielded a total of 761 respondents from 19 tertiary government hospitals in the Qassim Region of Saudi Arabia. Purposive sampling was employed with the following criteria: 1) staff nurse, 2) currently working in a government hospital,3) regardless of the assigned clinical unit/area,4) a minimum of one year of clinical exposure at the current institution, and 5)a willingness to participate.
The study has utilized an adopted questionnaire as its study tool, which was used by Alharbi et al. (2018) divided into four sections, namely, 1) demographics, 2) daily work practices (with 11 questions), 3) beliefs regarding the causes of absenteeism (with 14 questions answered "yes" or "no"), and 4) opinions written by the respondents. Data were computed using descriptive statistics and Pearson's product-moment correlation to identify the relationship among variables. It was found out that there are existing significant differences between the daily work practices and the belief of staff on absenteeism when grouped according to the respondent's profile. Further, it was found that there was no significant relationship between the staff nurses' overall daily work practices with their beliefs and reasons for absenteeism (r=-0.31, p value= .001). Based Since most of the answers are based on beliefs on absenteeism, its sub-variables reconsidered the antecedents of absenteeism among nurses in the Qassim Region in Saudi Arabia.

Keywords: *absenteeism, absenteeism in nursing, descriptive-correlational, Saudi Arabia*

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I. Introduction

Background of the Study

Absenteeism is a phenomenon among nurses that happens intentionally or unintentionally due to certain factors. This occurrence affects the organization, particularly in their day-to-day operations. The unit manager or supervisor may fix it by having an on-call status for other nursing staff. Otherwise, an overload of patients needing nursing care must be addressed by the staff. Likewise, absenteeism is considered a burden since management must continue their operations despite insufficient staff in the area.

Absenteeism is a worldwide problem among institutions, and this is no exception in the profession of nursing. Factors influencing absenteeism was identified in a study which include too much consideration to their employees on their reasons for being absent in the area; (Mbombi et al., 2018). It is an international situation that costs countries around the globe billions of dollars per year, even with actions and policies being suggested to reduce this phenomenon (Walker & Bamford, 2011).

Absenteeism in relation to organizational commitment is considered a force that affects patient management. Absenteeism is defined as the absence of a staff member in the workplace (Al-Sharif et al., 2017). An arranged absence is acceptable for workers when in agreement with the policy of the organization, including individual and special leave. Unprepared absences are unexpected or inevitable problems that are not included in the work schedule because of under-time or even unpunctuality without authorized approval (e.g., home emergency and family matters) (Al-Sharif et al., 2017).

Absenteeism among nursing staff equates with the reduction of quality care for patients, increased workload, increased staff shortages in healthcare organizations (which adversely affects morale), work-related stress, and even problems motivating staff nurses (Nyathi& Jooste, 2008).

Impulsive nurse absenteeism seems to have a high degree of causality and is a basis of distress among healthcare institutions due to the consequences of non-attendance at the everyday organization or association,

eventually affecting the provision of quality care. Recognizing the trends of absenteeism among nurses will inform directed approaches to minimize impulsive absenteeism (Ticharwa et al., 2019).

Plans and policies that decrease the number of unattended personnel can benefit associations by retaining the correct approaches, and by applying wellness initiatives, staff can be encouraged to remain in attendance of their duties (World Health Organization, 2010).

Based on the statements above, the researcher aims to explore the reasons behind this phenomenon, which will be the basis for creating a management plan to provide quality patient care in Qassim Region. Likewise, this will contribute to the organization's fulfillment of their objectives and goals through the formulation of a proposed plan that will foster a decrease in absenteeism in nursing units. Hence, this paper will assess the perceived antecedents of absenteeism among government staff nurses.

Aims and Objectives

The study aims to explore the antecedents of absenteeism among staff nurses who work in government tertiary hospitals, which can be considered the basis a proposed management plan that will be conducted during the fiscal year 2020.

Specifically, this study will seek to answer the following.

1.   What is the profile of the nurse in terms of:
1.1.   educational attainment,
1.2.   age,
1.3.   gender,
1.4.   years of experience,
1.5.   civil status,
1.6.   nationality, and
1.7.   name of hospital?
2.   How are the daily work practices be described by the nurse respondents?
3.   How are the beliefs regarding the causes of absenteeism be described by the nurse respondents?
4.   Is there any significant difference between daily work practices and the demographic profile of the respondents?
5.   Is there any significant difference between beliefs about the causes of absenteeism and the demographic profile of the respondents?
6.   Is there any significant relationship between daily work practices and beliefs regarding the causes of absenteeism of the respondents?
7.   What are the other factors that may contribute to the occurrence of absenteeism among nurses?
8.   What proposed management plan can be crafted based on the results of the study?

Hypothesis of the Study

H1. There is no significant difference between daily work practices and the demographic profile of the respondents.

H2. There is no significant difference between beliefs regarding the causes of absenteeism and the demographic profile of the respondents.

H3. There is no significant relationship between daily work practices and beliefs on the causes of absenteeism.

Significance of the Study

This paper aims to explore the antecedents of absenteeism among government staff who work in tertiary. The results of the study will be beneficial to the following entities:

Nurses. This paper will benefit staff nurses since it will point out the different factors that contribute to their absenteeism. Likewise, a management plan, which will combat absenteeism in their units, can be formulated based on the results.

Unit Manager/Supervisor. Likewise, this will serve as an avenue toward identifying certain factors that contribute to absenteeism of their staff nurses and may help them remedy the phenomenon.

Nursing service. The result will serve as their basis in revisiting and revising their protocol toward controlling and lessening the incidence of absenteeism in the clinical area.

Nursing Organizations. This will serve as a reference for nursing organizations in improving the model in the nursing administration that will address absenteeism and promote empowerment to increase organizational commitment among staff nurses.

Nursing Education. This will serve as a guide for clinical instructors or educators in emphasizing the factors that contribute to absenteeism among staff nurses so that students who will become registered nurses will realize its effect and avoid such occurrences.

Graduate Education in Nursing. This will serve as an important reference in adding knowledge among graduate students in nursing for possible replication or tests of other variables that may affect or contribute to absenteeism among nurses, which can be used in their future research undertakings.

Healthcare Institutions. This will serve as a reference in improving their protocol for decreasing the incidence of absenteeism among nurses.

Researcher. The results will benefit the researcher with new knowledge, specifically the identification of indicators of staff nurses' absenteeism, particularly on in are search context.

Future researchers. This research can be replicated by future researchers in their research endeavors. They can use the same instrument utilized by this study or incorporate the results in their literature as part of their findings.

Scope and Delimitations

This paper aims to explore the antecedents of absenteeism among staff who work in tertiary hospitals situated in the Qassim Region in Saudi Arabia during the fiscal year 2020.

It yielded a total of 761 respondents coming from 19 tertiary government hospitals in the Qassim Region, Saudi Arabia. It yielded a total of 761 respondents from 19 tertiary government hospitals in the Qassim Region. Systematic random sampling was employed with the following criteria: 1) staff nurse, 2) currently working in a government hospital,3) regardless of the assigned clinical unit/area,4) with at least 6 months of clinical exposure at the current institution, and 5) a willingness to participate. Excluded are 1) nurses working in a private tertiary institution and 2) nurse supervisors/managers.

It utilized an adopted questionnaire as its study tool (see Appendix F), which was used by Alharbi et al. (2018). It will be divided into four sections, namely 1) demographics (i.e., education, age, gender, years of experience, status, nationality, name of hospital), 2) daily work practices (with 11 questions), 3) beliefs regarding the causes of absenteeism (with 14 questions answered as "yes" or "no"), and 4) opinions written by the respondents. Permission was sought from the author in order to utilize the instrument he developed (See Appendix E). Gathered data were computed using descriptive statistics, T-test, ANOVA with post hoc analysis, and Pearson's product-moment correlation to identify the relationship among variables.

Definition of Terms

Absenteeism—Absenteeism in relation to organizational commitment is factor that affects excellence inpatient management and the private lives of staff nurses. Absenteeism is defined as the absence of a staff member in the workplace (Al-Sharif et al., 2017).

Nurse absenteeism is the non-attendance of nurses that leads to the reduction of the quality of care among patients, increased workload, increased staff shortages in healthcare organizations, which adversely affects morale, work-related stress, and even problems motivating staff nurses (Nyathi & Jooste, 2008).

Daily work practice was used in this study to denote the effects of absenteeism in the nursing field. It measures the following variables: duration of the leave taken by nurses in a given month, nurses attending duties on time, nurses' opinions about life balancing, nurses' opinions about the effect of absenteeism, nurses' satisfaction level regarding performance, nurses' assistance with the work of an employee, nurses' opinions regarding work environment, nurses' thoughts regarding work pressure, the type of work faced by nurses in the organization, nurses' opinions about the factors important in reducing absenteeism, and nurses' opinions on the motivational factors related to avoiding leave.

Duration of the leave taken by nurses in a given month—this refers to the total number and extensions of leave used by nurses.

Nurses attending duty on time—this refers to the nurse's practices and punctuality after having long vacation.

Nurses' opinions about life balancing—this denotes nurses' perceived work-life balance.

Nurses' opinions about the effect of absenteeism—the depicts nurses' perceptions of how absenteeism primarily affects their daily activities and functioning in the workplace.

Nurses' satisfaction level regarding performance—the refers to the perception of nurses regarding their level of fulfillment in the workplace when they commit absenteeism.

Nurses' assistance with the work of an employee—this denotes perceptions of assistance and support given by nurses.

Nurses' opinions regarding the work environment—this refers to the judgment and beliefs of nurses in their working environment.

Nurses' thoughts regarding work pressure—this denotes how the pressure in their workplace, including their co-staff and managers, affects their work disposition.

The type of work faced by nurses in the organization—this refers to the nature of nursing work that contributes to nurse absenteeism.

Nurses' opinions about the factors important in reducing absenteeism—this depicts the other factors that may contribute to nurses' absenteeism based on the perception of the respondents of this study.

Nurses' opinions on the motivational factors related to avoiding leave—this denotes the other motivational factors that may reduce absenteeism among nurses.

Beliefs of staff regarding absenteeism—This refers to the factors that contribute to absenteeism based on identified variables (shortage of staff, increased workload in the unit, preference of duty schedule, easy access to sick leave, social reasons, no actions taken for repeated absences, sick leave is not strictly understood and implemented, lack of motivation of staff, lack of responsibility, lack of knowledge and practical skills about certain procedures, difficult of transportation, ignorance about hospital rules, difficult to receive permission during shift).

Social reasons- this refers to the socialization, interaction, and relationship of the staff nurses among his/her co-employees to his/her workplace.

II.   Review Of Literature And Framework

Concept of Absenteeism

Absenteeism in relation to organizational commitment affects the excellence inpatient management, and the private lives of staff nurses. Absenteeism is defined as the absence of a staff member in the workplace (Al-Sharif et al., 2017).

An arranged absence is acceptable for workers when in agreement with the policy of the organization; this includes individual and special leave. Unannounced absences are unexpected problems that are not included in the work schedule because of under time or even unpunctuality without authorized approval (e.g., home emergency and family matters) (Al-Sharif et al., 2017).

Absenteeism among nursing staff equates with the reduction of quality care for patients, increased workload, increased staff shortages in healthcare organizations (which adversely affects morale), work-related stress, and even problems motivating staff nurses (Nyathi & Jooste, 2008).

Also, absenteeism is a result of problems among personnel. Lack of control over decisions, unsuccessful management, problems with workmates, and overburdening workloads are causal issues and reasons (Marriner-Tomey, 2008).

Absenteeism has been a consequence of the employed situation of nursing staff. As such, nurses may have to work understaffed, as they are expected to perform all responsibilities of their absent co-workers (Sullivan, 2012).

Being understaffed can generate both mental and physical strain. To observe the nature of absenteeism among employees, it is important to distinguish between involuntary and voluntary absenteeism. Voluntary absence is defined as absenteeism that is within employee regulations, while involuntary absence is absenteeism that cannot be controlled by the staff (Sullivan, 2012).

In a healthcare situation, nursing is the largest personnel section that is why absenteeism of nurses is a major problem. It was determined in the study "Absenteeism of nursing staff: Decisions and actions of nurse managers" that absenteeism differs depending to the month of the year and the diversity of facility divisions that are categorized based on the units and grade of difficulties (Alreshidi et al., 2019).

Environment in the healthcare arena is multifaceted that carries health service functions. The benefits of services in health necessitate actions and services to the patients following the guidelines and standards (Gaudine et al., 2013).The absenteeism make the worker's operation paralyzed leading to perform jobs slowly with more caution, causing reduced productivity, and higher expenses (Gaudine et al., 2013).

Causes of Absenteeism

There are countless difficulties met in the nursing arena owing to the stress of the work, stress that exists but is not sufficiently addressed. The greatest regularly faced problems are the burdens of labor, the shifts set in the timetable, and the insufficiency of the staff numbers, which are primary hazards to the wellbeing of patients and professionals (Novaretti et al., 2010).

Even long shifts are cited as a factor for absenteeism among nurses (Kanwal, et al., 2017). In addition, an unequipped environment as well as a lack of support from superiors' influences absenteeism, which leads to poor nursing care (Kanwal et al., 2017).

Stressors together with the occupational setting, cohesiveness of the employees, lack of organizational commitment, giving opinions or not, and governance are the greatest recognized grounds for committing absenteeism among staff (Al-Hussami, 2009; Alreshidi et al., 2019).

The effects of absenteeism include poorer institutional processes, financial damage, and decrease quality of assets, which destabilize the system of care. As far as the causes of absenteeism are concerned, nursing managers considered employee illness, as well as predisposing factors for illness, as essential causes (Kurcgant et al., 2015).

Even nurse managers are cited as a contributing factor to absenteeism among staff nurses (Kurcgant et al., 2015). This is why it is challenging for nurse managers to address this issue andto include them in contingency and management plans and strategies to reduce absenteeism among newly graduated nurses (Craft et al., 2017), considering that healthcare systems are multifaceted and demanding work settings (Ruotsalainen et al., 2015) in which registered nurses (RNs) are under the burden to deliver care that creates good health results for patients (Ruotsalainen et al., 2015).As such, nurse managers must screen the physical and mental functioning of newly qualified RNs since they are at risk of absenteeism due to their disease-related issues, and mental stresses (Pallesen et al., 2014).

Attention must be given to the causes that resulted in absenteeism and turnover among RNs who are newly graduated can benefit from managing nursing shortages (Craft, et al. 2017).

Likewise, absenteeism arises from matters of assignment and the related physical requirements. Burdens at work can be perceptual, subjective, physical, hierarchical, and even social (Fagerström & Vainikainen, 2014), and wherever the healthcare worker (HCW) is occupied for many hours with physical or rough situations, rates of absences rise (Mudaly & Nkosi, 2015).

Countries Affected by Absenteeism among Nurses

It is an international situation that costs countries around the globe billions of dollars per year, even with actions and policies being suggested to reduce this phenomenon (Walker & Bamford, 2011).

The influence of employee absenteeism in Europe's healthcare systems creates unsatisfactory patient care and billions of dollars in cost increases for health organizations (Duclay et al., 2015).

Absenteeism among nurses in South Africa has produced job dissatisfaction due to the unavoidable increased work and nurse turnover (Mmamma et al., 2015).

Baydoun, Dumit, and Daouk-Oyry (2016) and Alreshidi, Alaseeri, and Garcia (2019) specified that heightened absenteeism among nurses affects the quality and costs of the health service delivery, nursing staff shortages, and the efficiency of the healthcare organization.

In the Australian context, 5% of the Australian staff or personnel were absent on any given day (Andrew, 2017).

In the Kingdom of Saudi Arabia, specifically at King Khalid University Hospital, the prevalence of non-attendance due to illness is greater among contractual employees than non-contractual employees (equivalent to 16% and 9%, respectively) (Kottwittz, 2018).

In Hail, Saudi Arabia, among the reasons for absenteeism identified by 110 staff nurses working in primary healthcare centers, the main issues were health problems (40%), family and personal problems (24.5%), and workplace stress (10.9%) (Alreshidi et al., 2019). In Pakistan, stress is one of the contributing factors of absenteeism (Kanwal et al., 2017).

In Denmark and Norway, absence due to illness was seen in the youngest clusters, while taking care of a geriatric or ill family member or a child added to absenteeism (Kurcgant et al., 2015).

Even in other countries, the staffing crisis was unable to be improved due to uncontrollable factors (Choi et al., 2011).

Jalal, Hajibabaee, Farahaninia, Joolaee, and Hosseini (2014) identified that HCW in occupations with physical requirements and other difficulties are known to suffer from a greater degree of absenteeism than in other professions in the United States.

Effects of Absenteeism

Actually, absenteeism is being utilized as frequently missing from school or work without an excuse. It may be intended or unintended (Jyoti & Flinsi, 2019).

Nowadays, absenteeism is the biggest issue for nursing students and personnel attempting to gain skill and knowledge for personal and professional goals. It is not widespread merely in the universities but also exists in private and public healthcare institutions and hospitals (Jyoti & Flinsi, 2019).

Attendance, on one hand, is the appearing on schedule at an event or place. It is the notion of persons, independently or as a cluster, meeting at a place for an arranged occasion. Gauging attendance is an important issue for many administrations, which can customize such data to measure the efficiency of their labors and to strategize for upcoming struggles (Jyoti & Flinsi, 2019).

Absenteeism, on the other hand, is unfavorable for the occupation and administrations. This might be due to administrative concerns, such as a toxic work environment or low employee morale. It is detrimental for staff, their co-workers, and managers; hence, it is important to expand the understanding of contributing factors, particularly those that link to the nature of work (Alreshidi et al., 2019), as this phenomenon indicates poor performance on the part of nurses (Kanwal et al., 2017). It negatively affects not only patient care but also staff ethics and morale. Nurse absenteeism can lead to patient abandonment (Kanwal et al., 2017).

Theoretical Framework

The Steers and Rhodes model of absenteeism is viewed as one of the dominant and repeatedly mentioned models in absenteeism literature. In this model, employee attendance is principally identified by an employee's capacity and enthusiasm to appear for work. As such, the model integrates the different features of absenteeism.

Personal characteristics on the upper part of the model indicate influences on the participant's education, tenure, age, gender, and family size. These contributing factors can affect employee values and job expectations and are related to the ability to attend situated on the right-side box (refers to the arrows that flows in the right side) pertaining to illness and accidents, family responsibilities, transportation problems—involuntary issues.

For the employee values and job expectations, its effect depends on the job situation—job scope, job level, role stress, workgroup size, leader style, co-worker relations, and opportunity for advancement. Likewise, these were triggers of the job satisfaction of an employee, leading to the motivation to voluntarily attend work. Employee attendance due to motivation, on the other hand, will be affected by pressures to attend, such as economic/market conditions, incentive/reward systems, work group norms, personal work ethic, and organizational commitment.

When the above-mentioned factors are not properly addressed by an employer, it might affect current job situations. It harms job satisfaction, leading to problems of employee attendance, creating a cycle.
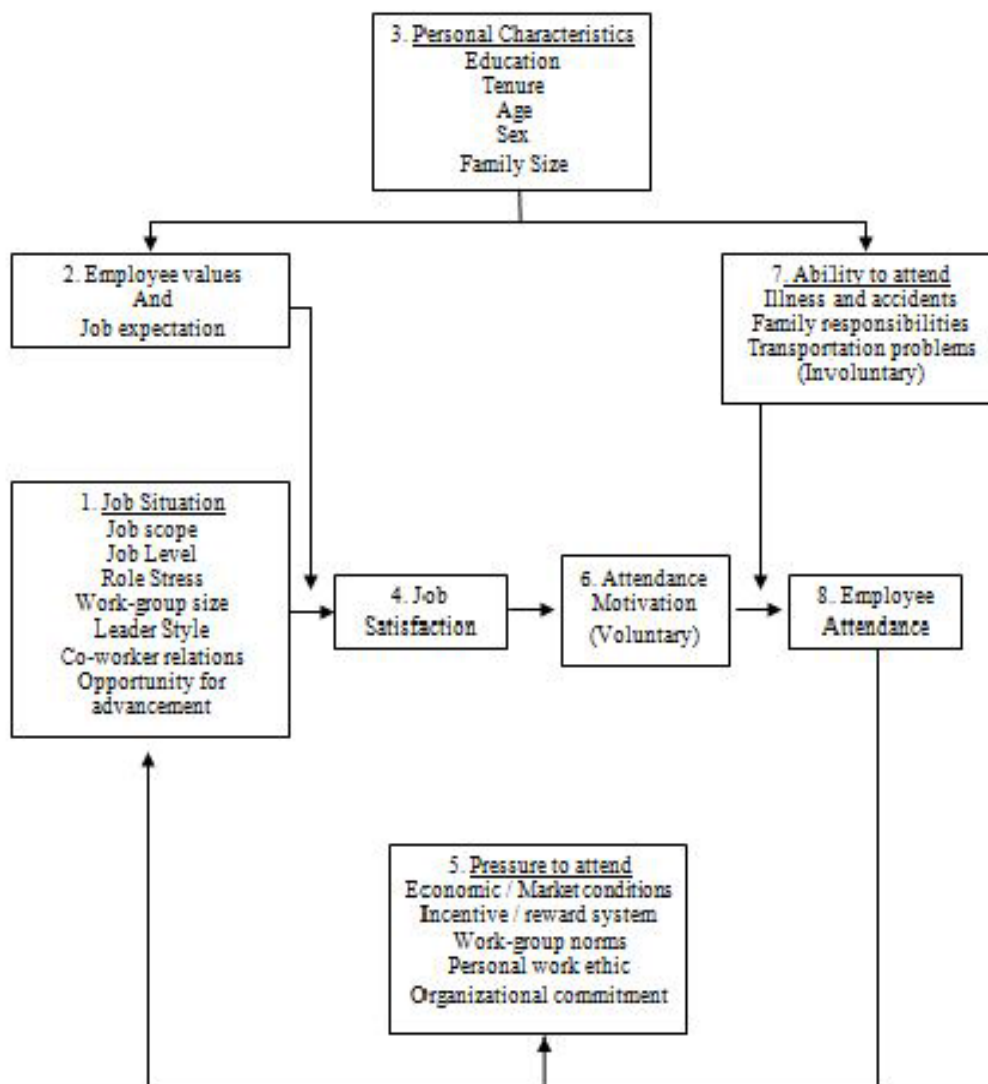

Figure 1. Steers and Rhodes Model of Absenteeism.

Conceptual Framework

The study addresses the different literature reviews regarding the causes or factors that contribute to absenteeism among nurses. It is noted that this phenomenon is happening worldwide (Walker & Bamford, 2011). The researcher wanted to identify the antecedents of this phenomenon among nurses, either among Saudi nationals or non-Saudi nurses.

For the research paradigm, the study utilized an input-process-output framework. The box situated on the left side pertains to the variables of the study, namely, the profile, daily work practices, and beliefs regarding the causes of absenteeism. For the profiles of the respondents, it denotes each participant's education, age, gender, years of experience, status, nationality, and name of hospital where employed.

All of these variables will be tested through the box in the middle known as the process. This box refers to the descriptive-correlational method and will determine the population through a purposive sampling technique. All the respondents will answer an adopted survey questionnaire with an attached consent form.

Likewise, the statistical treatment will be the frequency, percentage, T-Test, ANOVA with post hoc analysis and Pearson's product-moment correlation to identify the perceived antecedents of nurse absenteeism in the Qassim Region in Saudi Arabia, which will be the basis for the inputs of a proposed management plan of their institutions regarding absenteeism (located on the right-side box) as its output of the study.
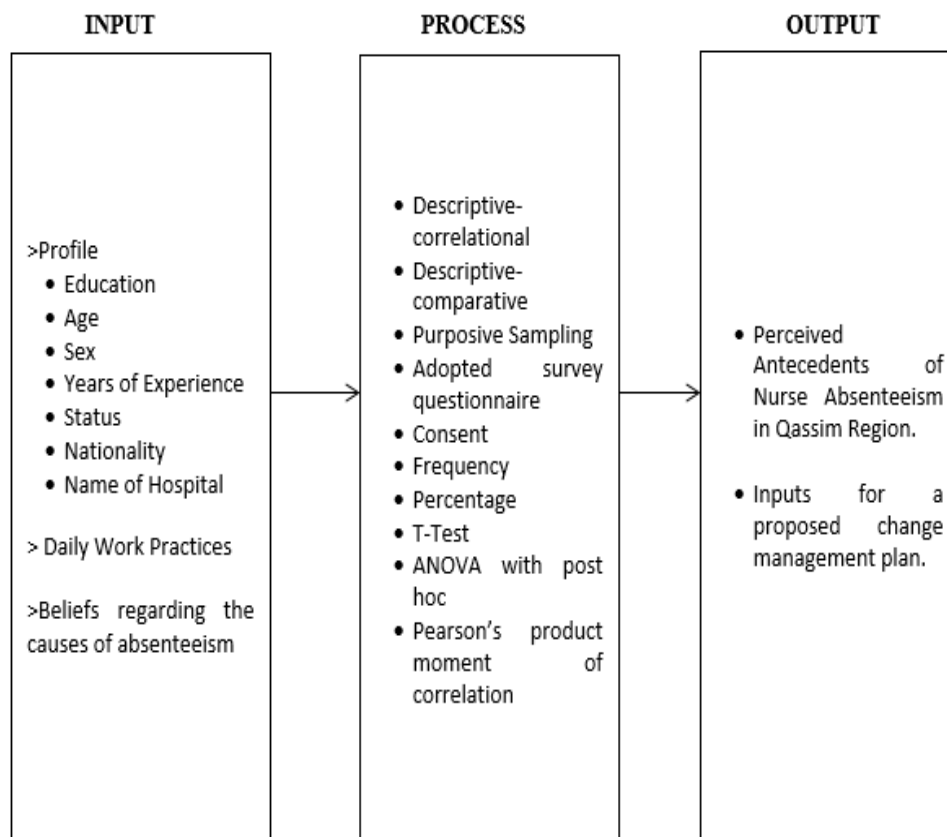
INPUT

```
>Profile
  • Education
  • Age
  • Sex
  • Years of Experience
  • Status
  • Nationality
  • Name of Hospital

> Daily Work Practices

>Beliefs regarding the
causes of absenteeism
```

PROCESS

```
• Descriptive-
  correlational
• Descriptive-
  comparative
• Purposive Sampling
• Adopted    survey
  questionnaire
• Consent
• Frequency
• Percentage
• T-Test
• ANOVA  with  post
  hoc
• Pearson's   product
  moment         of
  correlation
```

OUTPUT

```
• Perceived
  Antecedents     of
  Nurse Absenteeism
  in Qassim Region.

• Inputs     for    a
  proposed   change
  management plan.
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Figure 2. Paradigm of the Study.

III.   Methods Of Research

Research Design

This paper is anchored on the descriptive-comparative and descriptive-correlational designs of research wherein the variables will be tested by the researcher to identify their significant relationships (Polit & Beck, 2012). In this study, the researcher notes the possible antecedents of absenteeism among staff nurses, namely personal, workplace, and health-related factors. Perhaps this will be tested according to the profiles of staff nurses or their demographics.

Study Sample

The paper utilized a systematic random sampling technique to identify the locale of the study. The following inclusion criteria are as follows:
1) staff nurse
2) currently working in a government hospital

3) regardless of the assigned clinical unit/area
4) with at least 6 months of clinical exposure at the current institution
5) willingness to participate
Excluded are those
1) nurses working in a private tertiary institution, and
2) nurse supervisors/managers.
To identify the total population, G power 3.1.9.4 software was utilized in this study, which yielded 400 participants with an effect size of 0.25, alpha error of 5%, and a 95% power in 19 government tertiary hospitals to be targeted by this study. The total number of participants was 761 nurses, which is more than the computed population of the G power software; therefore, the study results are considered valid.

Research Instrument

An adopted questionnaire as its study tool (see Appendix F), which was used by Alharbi et al. (2018). It will be divided into four sections, namely 1) demographics (i.e., education, age, gender, years of experience, status, nationality, name of hospital), 2) daily work practices (with 11 questions), 3) beliefs regarding the causes of absenteeism (with 14 questions answered as "yes" or "no"), and 4) opinions written by the respondents. Permission was sought from the author in order to utilize the instrument he developed (See Appendix E). Gathered data were computed using descriptive statistics and Pearson's product-moment correlation to identify the relationship among variables.

It undergone pilot testing to test the reliability of the content, which was made up of answers from30 respondents with the same characteristics as the inclusion criteria but not considered participants of the study. Likewise, gathered data from these respondents were tallied and computed for reliability using Cronbach's alpha, and it yielded 0.81 as an overall result.

Data Collection

Before conducting the study, the researcher secured permission from the dean of graduate studies. After approval, he sent permission to the targeted hospitals for the possible study. After the hospital administrator approved his requests, he went directly to the chief nurse to send a letter of consent attached with the approval letter from the dean of the graduate school and the hospital administrator. After their approval, he went to the unit of the participating hospitals and talked to the unit manager/supervisors regarding the interaction with staff nurses during their off-duty hours. Explanation and securing of informed consent were provided among the respondents to ensure a high retrieval rate during the study conduct. After the completion of the survey questionnaire, the respondents were given refreshments as part of their reward for participation. All the retrieved questionnaires were tallied immediately and sent to the statistician. The declaration of the response rate was also presented if incomplete questionnaire retrievals happened during the study.

Data Analysis

For the data analysis, it utilized the Statistical Package for Social Sciences (SPSS) version 25 with the following statistical treatment:
1.	For the demographics, a simple frequency and percentage were employed to identify its distribution.
2.	To test the significant difference, T-Test and ANOVA with post hoc analysis were utilized.
3.	To test the relationship of the variables (i.e., daily work practices and beliefs of the cause of absenteeism), Pearson's product-moment correlation was utilized.

Ethical Considerations

This study underwent an ethics review validation from the Saudi Ministry of Health Institutional Review Board in order to check ethical concerns regarding human participants. In addition, the following ethical considerations were observed in this paper:
1)	**Informed consent**. The researcher secured informed consent from the respondents to avoid conflict between them and the researcher regarding the study. Otherwise, this is proof that the participants were not forced to participate in the study.
2)	**Beneficence**. The researcher discussed the benefits of the study when they participated. Further, as a token of appreciation, refreshments were given to the participants.
3)	**Veracity.** The researcher discussed the contents with the respondents to clarify what needed to be accomplished with the survey. In addition, they were informed that they could withdraw from the study at any time, and withdrawing would have consequences.
4)	**Confidentiality and Anonymity**. Names of the respondents and participating hospitals were undisclosed by the researcher; rather, the records pertaining to them were strictly secured by the researcher, accessible only by him.

IV. Results And Discussions

I. Demographic Profile

Table 1 presents the demographic profile of the respondents. For marital status, the majority were married, having a total frequency of 479 (62.9%), followed by a single frequency of 229 (30.1%), and a small widowed group having a total frequency of 13 (1.7%). This implies that having a responsibility (e.g., family matters, family illness, etc.) is a factor for having absenteeism in the workplace. For nationality, most of the respondents in Table 1 are Saudi nationals having a total frequency of 698 (91.7%), and for non-Saudi nurses, it yielded a total frequency of 63 (8.3%). This study was conducted in Saudi Arabia; thus, the majority were Saudi nationals. For the hospitals involved, the majority of the respondents in Table 1 came from Alrrass General Hospital, with a total frequency of 194 (25.5%), followed by Mental Health Hospital, having a total frequency of 74 (9.7%), and Buraidah Central Hospital (n=73, 9.6%). The fewest participants were from Alshifa Hospital, having a total frequency of 8 (1.1%). Overall, the total number of participating hospitals was 19, which implies that these institutions are willing to join the study because of absenteeism. As shown in Table 1, most of the respondents were diploma holders, having a total frequency of 352 (46.5%), followed by bachelor's degree, with a total frequency of 336 (44.2%), and lastly, others, having a total frequency of 73 (9.6%). This implies that diploma nurses, since they were the majority of the respondents, were most likely to commit absenteeism in the workforce. For the age group, most were 30 years of age or older, having a total frequency of 386 (50.7%), followed by 26–30 years of age, with a total frequency of 253 (33.2%), and under 20 years of age (n=23, 3%). This implies that the older the nurse, the more likely he or she is to commit absenteeism, probably due to personal matters that appear as age increases (e.g., responsibilities, family, health, etc.). Table 1 shows that male nurses (n=421, 55.3%) outnumbered female respondents (n=340, 44.7%). Lastly, most of the respondents had more than 10 years of experience in the nursing field, with a total frequency of 347 (45.6%), followed by 5–10 years of experience (n=257, 33.8%), and the smallest group had six months to one year of experience (n=2, .30%).

Table 1. *Demographic profile of the respondents.*

INDICATORS	FREQUENCY	PERCENTAGE
EDUCATIONAL ATTAINMENT		
Diploma	352	46.3
Bachelor	336	44.2
Others	73	9.6
Total	761	100.0
AGE GROUP		
<20 years old	23	3.0
20-25 years old	99	13.0
26-30 years old	253	33.2
30 years and above	386	50.7
Total	761	100.0
GENDER		
Female	340	44.7
Male	421	55.3
Total	761	100.0
YEARS OF EXPERIENCE		
6 months–1 year	2	.3
1-5 years	155	20.4
5–10 years	257	33.8
>10 years	347	45.6
Total	761	100.0
MARITAL STATUS		
Single	229	30.1
Married	479	62.9
Divorce	40	5.3
Widowed	13	1.7
Total	761	100.0
NATIONALITY		
Saudi	698	91.7
Non-Saudi	63	8.3
Total	761	100.0
HOSPITALS INVOLVED		
Alrrass General Hospital	194	25.5
Abukayriyah Hospital	41	5.4
Riyadh Alkobrah Hospital	22	2.9
Buraidah Central Hospital	73	9.6
Al Badaea Hospital	31	4.1
Diryah Hospital	14	1.8
Alqawara Hospital	12	1.6
King Saud Hospital	67	8.8
King Fahad Specialist Hospital	43	5.7

Almeznab Hosptal	32	4.2
Alnabhaniyah Hospital	27	3.5
OyonAljoaa Hospital	20	2.6
Maternity and Children's Hospital	29	3.8
Qesibah Hospital	17	2.2
UglatAlsquor Hospital	14	1.8
Alshifa Hospital	8	1.1
Mental Health Hospital	74	9.7
Qebah Hospital	19	2.5
Alasyah Hospital	24	3.2
Total	761	100.0

II. Daily Work Practices
Table 2 presents the duration of the leave taken by a nurse in a month. According to the respondents, most were taking only one day of leave (n=403, 53%), followed by extension of their absenteeism by 2–3 days (n=236, 31%), and the fewest took five days of absenteeism (n=60, 7.9%).

Table 2. *Duration of the leave taken by a nurse in a month.*

INDICATORS	FREQUENCY	PERCENTAGE
1 Day	403	53.0
From 2 to 3 days	236	31.0
From 4 to 5 days	62	8.1
>5days	60	7.9
Total	761	100.0

As seen in Table 3, regarding duty punctuality of nurses, more of the respondents answered "yes" (n=726, 95.4%) than "no" (n=35, 4.6%).

Figure 3. Duration of the leave taken in a month

Table 3. *Is the nurse attending duty on time?*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	726	95.4
No	35	4.6
Total	761	100.0

Table 4 shows the nurses' opinions about balancing life. More respondents asserted that they could balance work and life, with a frequency of 585 (76.9%), than those who did not (n=176, 23.1%).

Table 4. *Nurses' opinions about balancing their lives.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes, they can balance	585	76.9
No, they cannot	176	23.1
Total	761	100.0

Table 5 refers to the nurses' opinions of the effects of absenteeism. The majority of respondents claimed that it followed by it can cause less turnover, having a total frequency of 339 (44.5%), followed by the view that it can cause work stress, having a total frequency of 322 (42.3%), the third effect, precipitation of delayed performance, having a total frequency of 47 (n=6.2). The view that it can lead to overtime had a total frequency of 39 (5.1%). Lastly, all of these can occur according to the 14 respondents (1.8%).

Table 5. *Nurses' opinions about the effect of absenteeism.*

INDICATORS	FREQUENCY	PERCENTAGE
Cause work stress	322	42.3
Delayed performance	47	6.2
Lead to overtime	39	5.1
Less turnover	339	44.5
All of the Above	14	1.8
Total	761	100.0

Table 6 shows the nurses' satisfaction level regarding performance. A majority of respondents were satisfied with their performance, having a total frequency of 449 (59%), followed by high dissatisfaction, with a total frequency of 152 (20%). The smallest is the neutral group, having a total frequency of 49 (6.4%) of the participants.

Table 6. *Nurses' satisfaction level regarding performance.*

INDICATORS	FREQUENCY	PERCENTAGE
Highly Satisfied	449	59.0
Neutral	49	6.4
Dissatisfied	111	14.58
Highly Dissatisfied	152	20.0
Total	761	100.0

Table 7 depicts the nurses helping with the work of an employee. It shows that more of them answered "yes" (n=687, 90.3%) than "no" (n=74, 9.7%).

Table 7. *Nurses helping with the work of an employee.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	687	90.3
No	74	9.7
Total	761	100.0

Table 8 shows the nurses' opinions on the work environment. The majority of the respondents chose "poor environment" (n=298, 39.2%), followed by "fair environment" (n=211, 27.7%), and "excellent environment" (n=175, 23%).

Table 8. *Nurse opinion regarding work environment.*

INDICATORS	FREQUENCY	PERCENTAGE
Excellent	175	23.0
Good	77	10.1
Fair	211	27.7
Poor	298	39.2
Total	761	100.0

Table 9 presents the nurses' thoughts about work pressure. The perception of a lot of work pressure (n=688, 90.4%) was more common than the perception of no pressure (n=73, 9.6%).

Table 9. *Nurses' thoughts regarding work pressure.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes, there is lots of work pressure	688	90.4
No, there was no work pressure	73	9.6
Total	761	100.0

Table 10 shows the type of work faced by nurses in the organization. The belief that they had an improper environment was highest (n=355, 46.6%), followed by the view that they were forced to do work (n=278, 36.5%), and the belief that there was strict supervision (n=128, 16.8%).

Table 10. *Type of work facing nurses in the organization.*

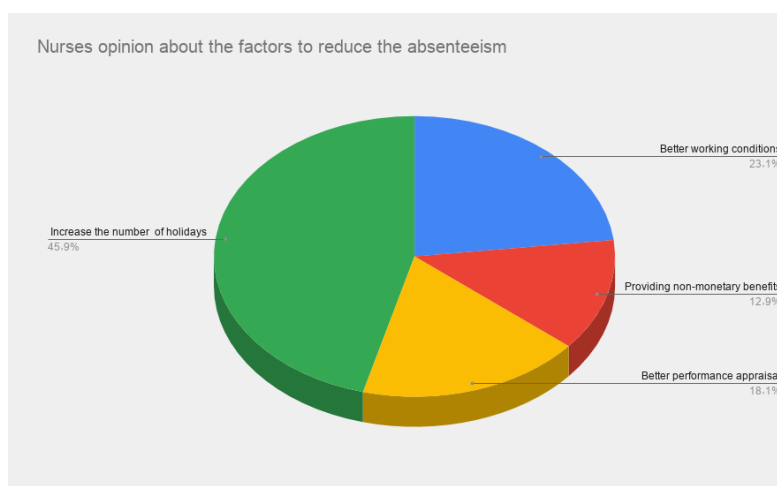| INDICATORS	FREQUENCY	PERCENTAGE
Forced to do work	278	36.5
Improper environment	355	46.6
Strict supervision	128	16.8
Total	761	100.0

Figure 4. Nurses' opinion about the factors to reduce the absenteeism

Table 11 refers to the nurses' opinions on the factors needed to reduce absenteeism. Most of the respondents claimed that better performance appraisals must be implemented (n=353, 46.4%), followed by non-monetary benefits (n=137, 18%), increases in the number of holidays (n=172, 22.6%), and better working conditions (n=99, 13%).

Table 11. *Nurses' opinions about the factors to reduce absenteeism.*

INDICATORS	FREQUENCY	PERCENTAGE
Increase in number of holidays	172	22.6
Better working conditions	99	13.0
Providing non-monetary benefit	137	18.0
Better performance appraisal	353	46.4
Total	761	100.0

Table 12 shows the nurses' opinions on the motivational factors related to refraining from taking leave. Most of the respondents claimed that incentive and bonus-based performance matters (n=309, 40.6%), followed by the recognition of work (n=271, 35.6%), then good employee relations (n=137, 18%), and the work environment (n=44, 5.8%).

Table 12. *Nurses' opinions on the motivational factor avoiding taken leave.*

INDICATORS	FREQUENCY	PERCENTAGE
Good employee relation	137	18.0
Work environment	44	5.8
Recognition of work	271	35.6
Incentive and bonus based on performance	309	40.6
Total	761	100.0

III. Beliefs of Staff Nurses about Absenteeism
Table 13 refers to staff shortages. More nurses indicated inadequate staffing by choosing the "yes" (n=685, 90%) than adequate staffing (n=76, 10%).

Table 13. *Shortage of staff.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	685	90.0
No	76	10.0
Total	761	100.0

Table 14 depicts increase workloads in the units. More respondents chose "yes" (n=693, 91.1%) than "no" (n=68, 8.9%), meaning that staff nurses perceived an increase in work when absenteeism occurs.

Table 14. *Increase workload in the unit.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	693	91.1
No	68	8.9
Total	761	100.0

As seen in Table 15, regarding preference of duty schedules, more staff nurses indicated a preference for absenteeism by choosing "yes" (n=680, 89.4%) than indicated that this was not a preference (n=81, 10.6%).

Table 15. *Preference of duty schedule.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	680	89.4
No	81	10.6
Total	761	100.0

Table 15 refers to the ease of access to sick leave. More respondents agreed that it is easy to take sick leave, choosing "yes" (n=614, 80.7%), than believed that access is easy to obtain (n=147, 19.3%).

Table 16. Ease of access to sick leave.

INDICATORS	FREQUENCY	PERCENTAGE
Yes	614	80.7
No	147	19.3
Total	761	100.0

Table 17 shows that more had social reasons for committing absenteeism (n=518, 68.1%) than had none (n=243, 31.9 %).

Table 17. *Social reasons.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	518	68.1
No	243	31.9
Total	761	100.0

Table 18 shows the views on the actions taken for repeated absences. More claimed that no action is taken (n=543, 71.4%) than claimed that there is action taken (n=218, 28.6%).

Table 18. *No actions taken for repeated absences.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	543	71.4
No	218	28.6
Total	761	100.0

Table 19 presents the understanding and implementation of sick leave policy. More respondents chose "yes" (n=568, 74.6%), implying that they understand and implement sick leave policy, than "no" (n=193, 25.4%).

Table 19. *Sick leave is not strictly understood and implemented.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	568	74.6
No	193	25.4
Total	761	100.0

Table 20 addresses the lack of staff motivation. More respondents believed that a lack of motivation is a reason for absenteeism (n=684, 89.9%) than believed that it is not (n=77, 10.1%).

Table 20. *Lack of motivation of staff.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	684	89.9
No	77	10.1
Total	761	100.0

Table 21 depicts the lack of responsibility of staff nurses. More of the staff nurses chose "yes" (n=503, 66.1%), believing it to be a reason for absenteeism, than chose "no" (n=258, 33.9%).

Table 21. *Lack of Responsibility of staff nurses.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	503	66.1
No	258	33.9
Total	761	100.0

Table 22 refers to the belief that the lack of knowledge and practical skills regarding certain procedures cause absenteeism. More believed this to be true (n=510, 67%) than untrue (n=251, 33%).

Table 22. *Lack of knowledge and practical skills about certain procedures.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	510	67.0
No	251	33.0
Total	761	100.0

Table 23 shows that the number who believed transportation difficulty was a reason for absenteeism (n= 432, 56.8%) was greater than the number who did not (n=329, 43.2%).

Table 23. *Difficult of transportation.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	432	56.8
No	329	43.2
Total	761	100.0

Table 24 shows that the number who believed that ignorance of hospital rules was a reason for absenteeism (n=432, 57.3%) was greater than the number who did not (n=325, 42.7%).

Table 24. *Ignorance about hospital rules.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	436	57.3
No	325	42.7
Total	761	100.0

Table 25 shows that the number of respondents who believed that difficulties obtaining permission was reason for absenteeism (n=541, 71.1%) was greater than the number who did not (n=220, 28.9%).

Table 25. *Difficult to obtain permission during shift.*

INDICATORS	FREQUENCY	PERCENTAGE
Yes	541	71.1
No	220	28.9
Total	761	100.0

IV. Daily Work Practices and the Demographic Profile of Staff Nurses

Table 26 shows that the mean of daily work practices of diploma in nursing degree holders was .9238 (SD=.3363) while those Bachelor's degree holders reflected a mean score of .9140 (SD=.3171). Lastly the other degree holders (e.g., master's and/or doctorate degree) yielded a mean score of 1.061 (SD=.2711). The results revealed that a significant difference exists between educational attainment and daily work practices of nurses ($F_{(2, 758)} = 6.492$, p= .002).

Table 26. *Significant Difference Between Educational Attainment and Daily Work Practices.*

Indicators	N	Mean	SD	F	df	p Value
Diploma	352	.9238	.3363	6.492	2 & 758	.002
Bachelor	336	.9140	.3171			
Others	72	1.061	.2711			

Post hoc test in table 27 shows that there are negative significant differences between educational attainment of nurses and their daily work practices that lies between diploma and others (mean difference= -.13721) and bachelor's degree holder to others (mean difference= -.14706).

Table 27. *Post Hoc Analysis between Educational Attainment and Daily Work Practices.*

Multiple Comparison	Mean Difference
Diploma & Bachelor	.00985
Diploma & Others	-.13721*
Bachelor & Others	-.14706*

Legend: *= Significant at 0.05 level

Table 28 shows that the mean of daily work practice of age group <20 years old was 1.1581 (SD=.19807) while the 20-25 years old mean difference was 1.0441 (SD=.28905). For the age group 26-30, on the one hand got a mean difference of .9281 (SD=.33205). On the other hand, the age group 30 years old and

above got a mean difference .8935 (SD=.32315). The results revealed that there is significant difference between the age and daily work practices of nurses (F (3, 757), 9.805, *p* value= .000).

Table 28. *Difference Between Age and The Daily Work Practices.*

Indicators	N	Mean	SD	F	df	p value
<20 years old	23	1.1581	.19807	9.805	3, 757	.000
20-25 years old	99	1.0441	.28905			
26-30 years old	253	.9281	.33205			
30 years and above	386	.8935	.32315			

Table 29 presents the Post hoc analysis between age and the daily work practices. It showed that there are significant differences in the daily work practices among nurses that lies between age groups <20 years old & 26-30 years old (mean difference of .22997), <20 years old and 30 years old and above (mean difference=.26456), 20-25 years old and 26-30 years old (mean difference=.11594), and 20-25 years old and 30 years old and above (mean difference=15053).

Table 29. *Post Hoc Analysis Between Age and The Daily Work Practices.*

Multiple Comparison	Mean Difference
< 20 years old & 20-25 years old	.11403
<20 years old & 26-30 years old	.22997*
<20 years old & 30 years old and above	.26456*
20-25 years old & 26 to 30 years old	.11594*
20-25 years old & 30 years old and above	15053*
26-30 years old & 30 years old and above	.03459

Legend: * Significant at 0.05 level

Table 30 presents the difference between years of experience of nurses and their daily work practices. It showed that the mean score of nurses with experience of 6 months -1 year was .6364 (SD=.00000) while those having 1-5 years of experience yielded a mean score of .9566 (SD=.32718). For those who were having 5-10 years of experiences, it yielded a mean score of .9710 (.31151). Lastly, those who acquired more than 10 years of experiences garnered a mean score of .8952 (SD=.32995). The results revealed that a significant difference exists between years of experiences of nurses to their daily work practices (F (3, 757) = .376, *p*= .013).

Table 30. *Difference Between Years of Experience and The Daily Work Practices.*

Indicators	N	Mean	SD	F	df	p value
6 months -1 year	2	.6364	.00000	.376	3, 757	.013
1-5 years	155	.9566	.32718			
5-10 years	257	.9710	.31151			
>10 years	347	.8952	.32995			

Table 31 presented the Post hoc analysis between years of experiences of nurses and daily work practices. It revealed that there is significant difference that lies between 5-10 years of experience & >10 years of experience (mean difference=.75979).

Table 31. *Post Hoc Analysis Between Years of Experience and The Daily Work Practices.*

Multiple Comparison	Mean Difference
6 months-1 year & 1-5 years	-.32023
6 months-1 year & 5-10 years	-.33463
6 months-1 year & > 10 years	-.25884
1-5 years & 5-10 years	-.01440
1-5 years & > 10 years	.06139
5-10 years & > 10 years	.75979*

Legend: *- Significant at 0.05 level

Table 32 presents the difference between civil status and daily work practices. It showed that the mean score for single is .9873 (SD=.31958) while married yield the mean score of .8861 (SD=32252) and the divorce got a mean score of 1.0841 (SD=.28629). Lastly, the widowed yield a mean score of 1.2168 (SD=.10849). The

results reveal a significant difference between civil status and daily work practices (F (3, 757) = 12.188, *p* = .000).

Table 32. Difference Between Civil Status and The Daily Work Practices.

Indicators	N	Mean	SD	F	df	p value
Single	229	.9873	.31958	12.188	3, 757	.000
Married	479	.8861	.32252			
Divorce	40	1.0841	.28629			
Widowed	13	1.2168	.10849			

Table 33 presents the Post hoc analysis between civil status and daily work practices. It revealed that there are significant differences between single and married (mean difference=.10117) and married and divorce (mean difference= -.19796).

Table 33. Post Hoc Analysis Between Civil Status and The Daily Work Practices

Comparison	Mean Difference
Single & Married	.10117*
Single & Divorce	-.09679
Single & Widowed	-.22949
Married & Divorce	-.19796*
Married & Widowed	-.33066
Divorce & Widowed	-.13269

Legend: *- Significant at 0.05 level

Table 34 shows the significant difference in nurses' daily work practices when group according to nationality. The findings showed that there is significant difference in the mean scores of Saudi nationals (M= .9428, SD= .3189) and Non-Saudi nationals (M=.8196, SD=.3656) respondents; t (70.774) = 2.587. p= 0.12. The results suggests that Saudi nationals exhibit absenteeism compared to Non-Saudi nationals with a mean difference of .1232.

Table 34. Significant Difference between Nationality and Daily Work Practices.

Indicators	N	Mean	SD	t	df	p (2-Tailed)	Mean Difference
Saudi	698	.9428	.3189	2.587	70.774	.012	.1232
Non-Saudi	63	.8196	.3656				

V. Beliefs about Absenteeism and the Demographic Profile of Staff Nurses

Table 35 shows that the mean of belief of staff on absenteeism for diploma degree holders was .2140 (SD=.25061) while those bachelor's degree holder reflected a mean score of .2872 (SD=.23032). Lastly, the other degree holders present a mean score of .1895 (SD=.28029). The results reveal that a significant difference exists in belief of staff on absenteeism and educational attainment of the respondents (F (2, 758) = 9.672, *p*= .000).

Table 35. Difference Between Educational Attainment and Belief of Staff on Absenteeism.

Indicators	N	Mean	SD	F	df	p Value
Diploma	352	.2140	.25061	9.672	2 & 758	.000
Bachelor	336	.2872	.23032			
Others	72	.1895	.28029			

Table 36 presents the Post hoc analysis between educational attainment and daily work practices. It revealed that there are significant differences between diploma and bachelor (mean difference=-.07319) and bachelor to others (mean difference= .09770).

Table 36. Post Hoc Analysis Between Educational Attainment and Belief of Staff on Absenteeism.

Comparison	Mean Difference
Diploma & Bachelor	-.07319*
Diploma & Others	.02452
Bachelor & Others	.09770*

Legend: *- Significant at 0.05 level

Table 37 shows that the mean of the belief of staff on absenteeism of <20 years old was .1703 (SD=.25927) while those 20-25 years old revealed a mean score of .1726 (SD= .25816). On the other hand, 26-30 years old magnified a belief of staff on absenteeism mean score of .2388 (SD=24920) while the 30 years old and above had a mean score of 4.1771 (SD=.38812). The results revealed that a significant difference exists on the belief of staff on absenteeism when grouped according to age is considered (F (3, 757) = 4.964, *p* value = .002.

Table 37. *Difference Between Age and The Belief of Staff on Absenteeism.*

Indicators	N	Mean	SD	F	df	p value
<20 years old	23	.1703	.25927	4.964	3, 757	.002
20-25 years old	99	.1726	.25816			
26-30 years old	253	.2388	.24920			
30 years and above	386	.2701	.23945			

Table 38 presents the post hoc analysis between age and the belief of staff on absenteeism wherein it was found out that significant difference appears between age groups 20-25 years and 30 years old and above (-.09752).

Table 38. *Post Hoc Analysis Between Age and The Belief of Staff on Absenteeism.*

Multiple Comparison	Mean Difference
< 20 years old & 20-25 years old	-.00227
<20 years old & 26-30 years old	-.06851
<20 years old & 30 years old and above	-.09979
20-25 years old & 26 to 30 years old	-.06624
20-25 years old & 30 years old and above	-.09752[*]
26-30 years old & 30 years old and above	-.03128

Legend: *- Significant at 0.05 level

Table 39 presents the difference between years of experience of nurses and the belief on staff on absenteeism. It showed that the mean score of nurses with experience of 6 months -1 year was .6250 (SD=.05893) while those having 1-5 years of experience yielded a mean score of .2973 (SD=.25991). For those who were having 5-10 years of experiences, it yielded a mean score of .1910 (.24066). Lastly, those who acquired more than 10 years of experiences garnered a mean score of .2572 (SD=.23973). The results revealed that a significant difference exists between years of experiences of nurses to their belief of staff on absenteeism (F (3, 757) = 8.465, *p*= .000).

Table 39. *Difference Between Years of Experience and The Belief of Staff on Absenteeism.*

Indicators	N	Mean	SD	F	df	p value
6 months -1 year	2	.6250	.05893	8.465	3, 757	.000
1-5 years	155	.2973	.25991			
5-10 years	257	.1910	.24066			
>10 years	347	.2572	.23973			

Table 40 presents the post hoc analysis between years of experiences of nurses and. It reveals that there is significant difference that lies between 5-10 years of experience & >10 years of experience (mean difference=.75979).

Table 40. *Post hoc Analysis between Years of Experience and The Belief of Staff on Absenteeism.*

Multiple Comparison	Mean Difference
6 months-1 year & 1-5 years	.32769
6 months-1 year & 5-10 years	.43401
6 months-1 year & > 10 years	.36780
1-5 years & 5-10 years	.10633[*]
1-5 years & > 10 years	.04011
5-10 years & > 10 years	-.06622[*]

Legend: *- Significant at 0.05 level

Table 41 shows that the mean score on the belief of staff on absenteeism of single group was .2351 (SD= .27426) while the married group was .2644 (SD= .23547). On the other hand, the divorce group yield a mean score of .1188 (SD= .18861) while the widowed group shows a mean score of .0321 (SD= .11556). The results reveal that a significant difference exists between civil status and the belief of staff on absenteeism (F (3, 757) = 7.982, *p*= .000).

Table 41. *Difference Between Civil Status and The Belief of Staff on Absenteeism.*

Indicators	N	Mean	SD	F	df	p value
Single	229	.2351	.27426	7.982	3, 757	.000
Married	479	.2644	.23547			
Divorce	40	.1188	.18861			
Widowed	13	.0321	.11556			

Table 42 presents the post hoc analysis between civil status and the belief of staff on absenteeism. It revealed that there are significant differences between single and widowed (mean difference=.20303); married and divorce (mean difference= .14569); and married and widowed (mean difference=.23239).

Table 42. *Post hoc Analysis Between Civil Status and The Belief of Staff on Absenteeism.*

Comparison	Mean Difference
Single & Married	-.02936
Single & Divorce	.11633
Single & Widowed	.20303[*]
Married & Divorce	.14569[*]
Married & Widowed	.23239[*]
Divorce & Widowed	.08670

Legend: *- Significant at 0.05 level

Table 43 shows the significant difference in belief of staff on absenteeism when group according to nationality. The findings reveal that there is significant difference in the mean scores for Saudi (M= .2287, SD= .24078) and Non-Saudi (M=.2287, SD= .24078) respondents; *t* (71.742) = -.18395, *p* value= .000.

Table 43. *Difference Between Nationality and The Belief of Staff on Absenteeism.*

Indicators	N	Mean	SD	t	df	p (2-Tailed)	Mean Difference
Saudi	698	.2287	.24078	-5.364	71.742	.000	-.18395
Non-Saudi	63	.4127	.26243				

VI. Overall Daily Work Practices and the Overall Beliefs of Staff Nurses about Absenteeism

Table 44 shows the relationship of overall daily work practices and overall beliefs/reasons for absenteeism regarding staff nurses. This table shows that there is no significant relationship between the staff nurses' overall daily work practices and their beliefs on and reasons for absenteeism (*r*=-0.31, *p* value= .001). This implies that having a full workload or any work-related responsibility does not affect or have an association with their reasons for committing absenteeism. Rather, there are other factors involved their actions, such as personal matters. Likewise, rules exist, which they are aware of, but because of inevitable events, they commit absenteeism.

Table 44. *Relationship between overall daily work practices and the overall beliefs of staff nurses about absenteeism.*

	Overall Daily Work Practices	Overall Beliefs
Overall Daily Work Practices	1	
Overall Beliefs	-0.306562053	1

p value= .001

VII. Other Reasons for Absenteeism according to Staff Nurses

Table 45 presents the other reasons for absenteeism according to staff nurses in Saudi Arabia. Upon collation, 28 reasons appear in the data. In summary, the following reasons based on nurses' perceptions are presented.

Table 45. *Other reasons for absenteeism according to staff nurses.*

Other Reasons for Absenteeism
1. No flexible vacation plan
2. Staff shortages
3. No balance between duty and workplace hours
4. Unfair nursing shifts
5. Working hours are long and cannot be divided between staff
6. Lack of adequate nursing staff to meet needs, reduce the hassles of nursing, and avoid the tasks outside the field of nursing
7. Increased nursing tasks that are not part of their specialty; the use of psychological pressure by monitoring and denial of bonuses
8. Frequency of shift switching
9. No actions taken to the absenteeism committed by nurses especially for Saudi staff, leading to repeated absenteeism
10. Increased nursing activities despite staff shortage
11. Weak relationship between staff and management, lack of appreciation of the employee's special circumstances, and incentives for hardworking staff and those with absenteeism in evaluations
12. Employees not motivated to produce better work
13. Lack of appreciation and rewards for hardworking staff, work stress, unfairness of annual vacation due to personal issues, and not listening seriously to staff problems
14. Managers do not deal with problems professionally; work stress and staff shortage
15. No balance of shift switching
16. No rules for long vacations
17. Long working hours and delayed payment
18. No strict punishment for absenteeism
19. Shortage of staff and responsibilities for more patients; no motivation for staff and no respect
20. Unrecognized nursing efforts
21. Poor appreciation by management to hardworking staffs
22. Unsystematized departmental protocols for leave
23. Not working as one team and bad outcomes of the department
24. Bad administration, wrong leader in some departments, and leaders selected based on personal interest
25. Working with doctors who spend too much time with patients (e.g., spend 40min with one patient instead of 20 min for examination)
26. No rewards for diploma nurses who are hardworking, while all rewards going to the head of the department, who does little
27. Increase on-calls per month
28. Incorrect employee evaluations

VIII. Inputs for a Proposed Change Management Plan for Absenteeism among Staff Nurses
Rationale:

The occurrence of absenteeism among nurses in Saudi Arabia is prevalent even in today's contexts of health care. The phenomenon happens due to several factors identified by this study. Therefore, this proposed change management plan must be considered in order to eradicate or if not possible at least to lessen these occurrences.

Objective:

This proposed change management plan aims to lessen or eradicate the occurrences of absenteeism among nurses in the workplace, thereby, increasing the quality of nursing care through full-blast workforce in the nursing unit.

1) For Leave Benefit (i.e. Maternity, Paternity, Sabbatical, Official Business, etc.)

a. For the leave benefit, this must be verified by the nurse-manager in the unit before it will be approved by the director of nursing services or the chief nurse in order to avoid some erroneous reasons for taking the leave unless otherwise, the institution enforce the staff nurse to take their leave benefit due to some reasons. Likewise, all leave benefit after the approval of the director of nursing services or the chief nurse, this will be sent to the human resource management for final verification.

b.   If the staff nurse already acquired the institutional number of leave benefit (e.g. only 5 days allowance per year), he or she must strictly not allow to take the leave anymore. Otherwise, institutional punishment may incur and to be received by these stubborn nurses.

c.   For those stubborn nurses who extends their leave not under their declared number of days of leave in their record must receive the punishment stipulated in this change management plan for absenteeism.

d.   If ever, that there is no action taken in to account due to repeated occurrences of absenteeism among nurses, a suspension will be received by the nurse-manager who will approved the leave of that person who incur the said incident which is equivalent to the punishment to be received by the stubborn nurses stipulated in this change management plan for absenteeism.

e.   For those who will attend conferences, symposium, seminar, and the like, a documentation must be filed at least 2-days after attending to these gatherings. For the webinar seminar series, this will be subjected to the judgment of the nurse-manager and chief nurse if they will allow nurses to take their leave because of this matter.

f.   For maternity, paternity, birthday leaves and the like, the same protocol must be applied at least two weeks before the expected leave to make a necessary change and have a contingency when nursing force needs to be stretched regarding the adequacy of staff nurses in the unit. The same protocol goes to the filing of leave absences stipulated in the number 1 of this manuscript.

2)   For the Sick/ Illness/ Family Illness Leave:

a.   If ever that inevitable absences will be committed by the nurses due to sickness or family sickness, he or she must file the leave of absence immediately, to be certified by the nurse-manager on duty and approved by the chief nurse and to be submitted to the human resource management for final verification. He or she must attach the medical certificate and full documentation of his/her clinical check-up during absenteeism.

b.   If clinical check-up is not possible, this must be verified by the Resident-on-duty at Out-Patient-Department (OPD). Likewise, this must be done after the duty hours of the Nurse-on-duty (NOD) who committed the absences due to sickness. If ever it was found out that the sickness is not valid, then the nurse will be punished based on the punishment stipulated in this change management plan.

c.   If ever that settlement was also found between the ROD and NOD who committed the absences during verification of sickness, they will receive the same punishment stipulated in this manuscript. The same goes if settlement was found on the chief nurse or nurse-manager of unit.

d.   Likewise, the nurse-manager and the chief nurse is liable for approving the sick leave of their staff nurses.

e.   For the nurse-manager, they should strictly implement to staff nurses who incur absences the attendance duty on time depending on the institutional policy (e.g. 30 minutes must report to the unit who incur absences in order to settle some documentation process in the unit regarding this matter).

3)   For the Performance Appraisal

a.   Those nurses who did not commit any absences, this must be convertible to cash equivalent to their half-month salary in order to boost their determination to continue their commitment in executing quality nursing care in the area.

b.   Likewise, a certificate of appreciation in the workplace must be given to those deserving staff (e.g. Certificate of Appreciation is given to those commit perfect attendance, no late during the year, etc.) which will be distributed during special occasion to recognize them.

c.   Performance evaluation should be also in consideration for giving recognition to deserving staff nurses.

4)   For the Punishment.

a.   1st Offense: Half-month Salary Deduction.

b.   2nd Offense: Full-month Salary deduction and warning.

c.   3rd Offense: Termination and will not receive a job certification in the workplace.

d.   For the chief nurse or nurse-manager who is liable when found guilty after investigation of anomaly in the settlement, he or she may receive the 2nd offense punishment stipulated in this manuscript. Likewise, a 1st offense if found liable due to overlooked reason of absences incur by the staff nurses (e.g. not reliable reason for having leave or absences, staff committed an extended day of absences without logical reason).

5)   Likewise, the staff nurse should sign the conform of reading this manuscript and she will be given by the copy of this proposed change management plan if ever it will be utilized by hospitals.

Discussion

Workplace pressure, work stress, and poor working environments are considered factors of nurse absenteeism. This is because there is no favorable environment for nurses that provides a reason to avoid absenteeism in the workplace. Rather, these factors can lead to exhaustion and precipitate burnout of nurses in the clinical area. Nursing is vital in the numerous divisions in healthcare; it is the group with the most employed specialists. Yet, much has remained debated regarding the environment that these experts work in—harmful or

risky situations or settings, extended hours of work, extreme mental and physical fatigue, small salaries, a lack of gratitude for efforts, and the absence of autonomy. These circumstances support an upsurge in absenteeism (Boas Dias, 2019).

As such, this unwarranted assignment, insufficient or undesirable staffing patterns, conflicting standards, scarcity of performance appraisals, and work environment problems (e.g., lack of administrative support, lack of autonomy, reduced physician-nurse connections) intensify the risk of burnout among nurses (Dyrbye et al., 2019; Harris et al., 2018; Wood head et al., 2016).Burnout is a pattern categorized by energy depletion, pessimism related to workplace problems, and decreased efficiency among professionals, which are caused by long-lasting stressful work events (Woodhead et al., 2016). Between care employees in non-health-related areas, this concept, as well as the disadvantaged job routine, was revealed as a prognosticator of the upcoming occurrence of absences according to longitudinal published readings (Toppinen-Tanner et al.,2005).

In sum, these conclusions recommend burnout as a reminder of occurrences among nurses and expected performance at work. Hence, to progress the operations, administrations should make policies or programs to address stressors that are considered work-related that contributes to nurse absenteeism and even burnout (Woodhead et al., 2016).

In terms of the environment in the workplace, psychosocial job circumstances, mainly psychological occupation strains, are contradictorily related to personnel occurrence of sickness-caused absences. This is probably the consequence of exploring the psychosocial problems, imitating insight relatively than real burdens since, currently, work features hardly overdo the physical proficiencies of demands and workers like work bound, time density, a complication of effort and differing job deeds as its stressors (Roelen et al., 2008).
Further, most readings on the relations among sickness absenteeism and psychosocial job settings have been examined for the distinct effects on organizational controls and demands; control in the workplaces the strongest forecaster of sickness absenteeism (Roelen et al., 2008). Allowance of leave was identified to be important to respondents. As such, this may damage the planned staffing patterns at the workplace that are established by nurse managers leading to problems in the healthcare delivery service. Nursing is the occupation that is exposed to most diseases, being more affected by stress than other occupations. Since it happens, the conditions in the workplace do not always afford to have an active protection for healthcare workers (Boas Dias, 2019). In some instances, a frequent misbehavior in obtaining leave of absence due to involvement in development and training programs establish absences (Sancinetti et al., 2011). Likewise, nurse absenteeism must be distinctly considered due to the facets of the job and to constantly stimulate the provision of healthcare quality (Moisés et al., 2014).

Absenteeism together with nurses' poor professional and psychological well-being are outcomes of psychological pressure, low self-esteem of nurses, and augmented job assignments. According to the literature, the delivery of care to clients by individuals who endured difficult conditions is deemed to be at risk of mistakes that might endanger trust. Thus, absenteeism generates problems for nurses. Nurse managers must deliver interventions or having a discourse or deal with the professional and psychological difficulties as perceived by nurses on duty (Mbombi et al., 2018; Mudaly, 2009).

One of the studies added a recommendation to the outline of strategies that might alter absenteeism in the clinical area (Mbombi et al., 2018). Absenteeism can result in other nurses remaining on duty, delaying their off-duty days, or making hold on their leave to address the staff's scarcity and increased their productivity due to the inaccessibility of nurses during contingencies (Rantanen & Tuominen, 2011).It is for this reason that a neutral reaction was proven to be a substitute for strategies that minimize absenteeism, e.g., when workers obtain a warning or memo containing the number of their absent days due to personal matters (e.g., family demands, illness) (Gaudine et al., 2013).

As stated previously, nurses in this study experienced many problems, including disheartening conditions in the workplace, that inhibited their performance capability and enthusiasm to set objectives, which would lessen their chances of being absent (Gaudine et al., 2013). Nursing professionals experienced extended hours at work and additional work-related tasks. Organizational features entail services, career development, manpower, promotion opportunities, absence policy, decentralization, and incentives that might address the phenomenon of absenteeism (Mudaly & Nkosi, 2015).

Based on the study, it was found out that there is a difference between Saudi and Non-Saudi nationals pertaining to their daily work practices and belief of staff on absenteeism. This factor might be coinciding to the different perceptions of the work environment between these two groups. Considering that Saudi nurses, according to study, perceived that rotating shifts, long hours of duty and the mixture of gender in the workplace contributes to the problem in working conditions with their own institutions (Lamada & Sayed, 2014) that can be issues that influences absenteeism (Almadani, Mughayzil, Alsalameen, & Aman, 2020). Because of these things, the Saudi government relay on expatriates (Non-Saudi nationals) in order to augment the healthcare workforce to cater a quality care to patients (Aboshaiqah, 2016) because addressing the workplace issues is the key to ensure that chronic shortage of nurses secondary to absenteeism (Almadani et al., 2020; Burmeister et al., 2019).

Another finding of this study shows that educational attainment is significantly differs to pertaining nurse's daily work practices and belief of staff on absenteeism. This indicates that educational attainment barely not the main issue towards the prevalence of absenteeism among nurses. Also, they might have difference in perceptions, this might be affected by other factors like burnout, job dissatisfaction, work environment factors, etc. As such, regardless of the degree, nurses are aware that acute and chronic absenteeism is prevalent not only in Saudi but also to the other parts of the world (Burmeister et al., 2019). But in one study, practical nursing diploma students committed absenteeism and even leaving the hospital premises without absence of leave wherein the respondents adamantly emphasize to address these things as early as possible (Hosseinabadi, Hasanvand, Almasian, & Mirzayee-Sharifi, 2020) which is considered a barrier for clinical learning (Gemuhay, Kalolo, Mirisho, Chipwaza, & Nyangena, 2019) which may cause them to continue this practice in the future.

Years of experience also shows difference in nurse's daily work practices and belief of staff on absenteeism especially for those who have involvement in the organization for several years already. According to one of the studies, Saudi nurses decision to be absent or leaving the institution depends on the opportunity to learn and the trainings that they gain as part of their professional development (Gazzaz, 2009) in which senior nurses perceived it as a lacking factor for them to grow in the workplace (Chen, Chu, Wang, & Lin, 2008).

Age can be also a significant factor of absenteeism which is actually one of the results of this study wherein it is supported by an existing literature that 35-39 years old usually being absent because of the dissatisfaction in the workplace due to lack of commitment (Alreshidi, Alaseeri, & Garcia, 2019). Moreover, more 30 years old regarded the commitment in much mature manner compared to the younger one; hence, these group are least likely to commit absenteeism (Alreshidi et al., 2019).

Civil status also revealed to have significant difference in this paper, wherein married dominates the other variables (widowed, single, and divorce). This may due to the fact that married groups tends to address the personal matters on their family first above anything else (Isah, Omorogbe, Orji, & Oyovwe, 2008). This was supported in the study conducted in Finland where married head nurses and even male physicians committed absences than others (Belita, Mbindyo, & English, 2013; Kivimaki, 2001).

Also, the study utilized the same variable in the previous study (Alharbi et al., 2018), it is quietly different since it presents some of the significant differences on the variables. Moreover, some of the concerns were consolidated based on the perceived reasons of the respondents regarding the commitment of absenteeism in the workplace were also presented wherein it came from larger respondents from different hospitals. Whatever the reason is, the bottom-line is, the nurse-administrators as well as the hospital administrators must addressed the concerns of the nurses towards the betterment of the delivery of healthcare and will not compromise the patient safety and quality outcomes.

The results in combination with the above-mentioned literature are considered evidence that absenteeism is a result of different factors faced by nurses in their work environments. Likewise, these challenges can be addressed if proper management and strategies—with the goal of providing quality care to clients—are strictly implemented in the workplace for nurses who are at the frontlines of the healthcare field.

V.   Summary, Conclusion, And Recommendations

Summary

Based on the results of the study, the following summary is presented:

1.   For marital status, the majority in the married group, having a total frequency of 479 (62.9%), followed by the single group, with a frequency of 229 (30.1%), and the widowed group, having a total frequency of 13 (1.7%).

2.   For the nationality, most of the respondents were Saudi nationals, having a total frequency of 698 (91.7%). Non-Saudi nurses had a total frequency of 63 (8.3%).

3.   For the hospitals involved, the majority of the respondents in Table 1 were from Alrrass General Hospital, with a total frequency of 194 (25.5%), followed by Mental Health Hospital, having a total frequency of 74 (9.7%), and Buraidah Central Hospital (n=73, 9.6%). Alshifa Hospital provided the fewest participants, having a total frequency of 8 (1.1%). Overall, the total number of participating hospitals was19.

4.   Most of the respondents were diploma holders, having a total frequency of 352 (46.5%), followed by bachelor's holders, with a total frequency of 336 (44.2%), and others, with a total frequency of 73 (9.6%).

5.   For the age group, most were 30 years of age or older, having a total frequency of 386 (50.7%), followed by those from 26–30 years old, with a total frequency of 253 (33.2%), and those<20 years old (n=23, 3%).

6.   For the gender, male nurses (n=421, 55.3%) outnumbered female respondents (n=340, 44.7%).

7.   Most of the respondents had more than 10 years of experience in the nursing field, with a total frequency of 347 (45.6%), followed by 5–10 years of experience (n=257, 33.8%), and the smallest group had six months to one year of experience (n=2, .30%).

8.   Regarding daily work practices, the results showed that nurses extended their leave for 1 day (f=403), attended duty on time (f=726), balanced their lives (f=585), agreed that absenteeism caused work stress (f=322), were highly satisfied with their work (f=449), helping the work of an employee(f=687), claimed a poor working environment (f=298), had a lot of work pressure (f=688), had an improper environment(f=278), claimed that better performance appraisal can reduce absenteeism (f=353), and believed that having incentives and bonuses (f=309) result in the motivation to avoid taking leave.

9.   In terms of beliefs of staff on absenteeism, the respondents claimed that there was a shortage of staff (f=685), increased workload in the unit (f=693), a preference of duty schedules (f=680), it is easy to access sick leave (f=614), social reasons (f=518) , no actions were taken to address repeated absences (f=543), sick leave is not strictly understood and implemented (f=568), a lack of staff motivation (f=684), a lack of responsibility (f=503), a lack of knowledge and practical skills about certain procedures (f=510), difficulty in transportation (f=432), ignorance to hospital rules (f=436), and difficulty taking permission during shifts (f=541) constitutes the absenteeism among nurses.

10.   Lastly, it was found that there was no significant relationship between the staff nurses' overall daily work practices and their beliefs and reasons for absenteeism (r=-0.31, p value= .001).

Conclusion

Absenteeism is an inevitable phenomenon among individuals, including nurses. Based on the results, inconsistent policy regarding absent nurses contributes to their absenteeism. It mainly affects the operation of the hospital in the clinical area and perhaps disturbs the nursing workforce in the delivery of care to clients. In addition, daily practices do not support the reasons for nurses to lessen the occurrence of absenteeism since the majority of respondents claim that there are no motivations, such as bonuses or recognition, that encourage them to lessen their absenteeism in the workplace. Since most of the answers are in favor on beliefs about absenteeism, its sub-variables are considered to be the antecedents of absenteeism among nurses in the Qassim Region in Saudi Arabia.

Implications

Absenteeism is a major problem that needs to be addressed by nurse managers and nurse executives in the workplace. Absenteeism mainly affects the delivery of quality healthcare in the clinical area, particularly if the staff ratio has not been corrected. Therefore, a protocol review and plan must be strictly implemented in hospitals to lessen the burden of those staff nurses affected by absenteeism.

Recommendations

1.   Nurse managers and nurse-executives must review or revisit their protocols (particularly on the implementation of penalties) regarding nurse absenteeism and make necessary revisions if necessary. They need to be rigid when it comes to absenteeism. A proposed management plan on policy and processes pertaining to nurse absenteeism has been crafted (Appendix G).

2.   When habitual absenteeism occurs, nurse managers should warn the nurses and sanction when necessary. Likewise, they may give warnings or perhaps recommend terminating these nurses based on the revised protocol and evaluation of performance.

3.   Before the approval of leave, nurse managers must first verify the authenticity of the application for leave submitted by nurses who are starting to commit habitual absenteeism and take corrective actions if necessary.

4.   Since it appears that one reason for absences is the nurse managers, these leaders should have talks and confrontations with staff nurses at least once a month to reduce their absenteeism. Recognition of problems and consensus will be built between the two parties involved.

5.   Proper recognition, performance-based bonuses, and incentives, such as conversion of unused leaves into cash during recognition or hospital foundation days, must be given to deserving nurses in order to motivate them to avoid absenteeism.

6.   Likewise, this study may have replicated by future researchers, who are conducting the same study in other regions of Saudi Arabia, to determine if the results are the same for both studies.

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