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UNIVERSITY OF CAPE TOWN

**ABSENTEEISM
AMONG PUBLIC HEALTH NURSES:
DOES COMMITMENT MATTER?**

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A dissertation submitted in partial fulfilment of the requirements for the award of the
Degree of Master of Commerce in Organisational Psychology.

Faculty of Commerce
University of Cape Town
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COMPULSORY DECLARATION:

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ABSTRACT

This study explored the relationship between absenteeism and commitment (affective, continuance and normative commitment) as directed towards the organisation, co-workers and the nursing profession. Job satisfaction, job involvement, career stage and the absence culture were examined as moderators of the relationship between absenteeism and commitment. The sample comprised of 227 public sector nurses (54% response rate) from 11 day clinics and hospitals within the Western Cape Metropolitan District Health Services of South Africa. Affective, continuance and normative commitment to the organisation were not directly related to absenteeism, although interactions between these commitment components were significant predictors of absenteeism. Affective commitment to co-workers did not significantly explain absenteeism. However, affective commitment to the nursing profession explained significant variance in nurse absenteeism both directly and through the moderation effects of the absence culture of the workplace and the profession. Job satisfaction, job involvement and career stage of the nurses did not moderate the absenteeism-commitment relationship. The contributions of the study are discussed and recommendations for future research are made.

CHAPTER 1: INTRODUCTION

South Africa is facing a crisis in the provision of public health services. Public hospitals are suffering severe staff shortages, partly due to emigration and HIV/AIDS illness among nurses ("SA faces nursing crisis", 2000).

Absenteeism further exacerbates this strain on the public health service. The costs of absenteeism are great in terms of lost working hours, loss of continuity in patient care, overtime payments, increased medical and benefit costs and the increased workload on attending staff (Dahlke, 1996). An investigation commissioned by the National Labour and Economic Development Institute found that the daily shortage of nurses and a failure to effectively manage absenteeism severely compromised patient care in public hospitals; in many cases resulting in increased morbidity (illness), increased mortality rates, higher costs of medical intervention and longer hospital stays (Cullinan, 2006).

There is a need to manage nurse absenteeism more effectively through developing an understanding of the influencing factors. Researchers have identified work-related attitudes such as organisational commitment as influences on absenteeism levels. However, the many studies on the relationship between absenteeism and organisational commitment among hospital nurses reveal inconsistent findings, possibly due to poor conceptualization of the constructs and various measurement problems (Randall, Fedor & Longenecker, 1990). Researchers have further suggested that the weak relationship generally found between absenteeism and organisational commitment is the result of studies looking at this relationship directly without consideration of moderating variables (Mathieu and Zajac, 1990). Possible moderating variables include job satisfaction, job involvement, career stage and the absence culture within the organisation and the profession.

There has been no research conducted in South Africa on the relationship between absenteeism and commitment applying a multiple component and multiple foci conceptualisation of commitment, and no research of this nature

has taken place in a South African nursing context. This study, in applying a multiple component, multiple foci approach has both theoretical and practical implications for the understanding of commitment and absenteeism within the workplace. Understanding the nature of the relationship between absenteeism and commitment may especially assist public hospitals in their management of absenteeism problems among nurses. Although it is likely that a multiple number of personal and organisational factors contribute to explaining absenteeism, it is important to establish the extent.

The objective of this study was to examine the relationship between absenteeism and multiple components of commitment among public sector nurses as directed towards multiple foci, by addressing the measurement and conceptualization problems in previous research. To accomplish this, a cross-sectional survey study was conducted with public sector nurses within the Cape Metropolitan District Health Services (MDHS) of South Africa.

Structure of the Dissertation

The next chapter provides a review of the literature concerning the relationship between absenteeism and commitment and outlines the propositions of this study. The third chapter contains a discussion of the method employed to conduct this study. In the fourth chapter, the results of the data analysis are presented based on the research propositions. The final chapter concludes this study through a discussion of the results in relation to previous findings and the value of the findings in terms of theoretical knowledge, practical implications and future research.

CHAPTER 2: LITERATURE REVIEW

This chapter will review the relevant literature on the relationship between absenteeism and commitment. After defining absenteeism and commitment, an examination of the relationship between the two constructs will follow. The keywords “employee absenteeism”, “organizational commitment” and “nurses” were used as search terms in several bibliographic databases (*PsycINFO*, *ScienceDirect* and *Academic Source Premier*) to find literature directly addressing the relationship between absenteeism and commitment, particularly within a nursing context. Additional literature was found in the University of Cape Town Library.

Absenteeism

This section defines and explains different types of absenteeism before discussing approaches to measuring absenteeism.

Definition of Absenteeism

Johns (1995) defined absenteeism as “the failure to report for scheduled work” (p. 1). Absenteeism is categorized as excused and unexcused or as voluntary and involuntary absence:

- 1) Excused versus unexcused: Many researchers have defined absenteeism in terms of excused or unexcused (Blau, 1986; Blau & Boal, 1987; Ivancevich, 1985; Larson & Fukami, 1985; Mathieu & Kohler, 1990b; Mayer & Schoorman, 1992). Excused absence refers to time off work that the organisation has authorized, and may include vacation, maternity leave or certified illness. Unexcused absence refers to time off work that the organisation has not authorized, such as uncertified illness. The distinction is usually identifiable by the organisation’s absence policies that dictate what absence is permitted.
- 2) Voluntary versus involuntary: Absenteeism has also been categorized as voluntary or involuntary behaviour (Gaziel, 2004; Gellatly, 1995;

Sagie, 1998; Savery, Travaglione & Firns, 1998; Timmins & Kaliszer, 2002). Voluntary absence involves choice and control regarding absence behaviour. Involuntary absence means that there is no control or choice to attend work or be absent. The cause for absence determines whether the absence is voluntary or involuntary. Mathieu and Kohler (1990a) suggested personal reasons (term not explained by the authors further) as a cause of voluntary absence, but illness, family obligations and transportation problem as causes of involuntary absence. Most recent studies of absenteeism have used the voluntary and involuntary distinction in an attempt to distinguish absenteeism types more meaningfully, although often the researcher's instinct or the organisation's absence policies has dictated what causes constitute voluntary and involuntary absence. Researchers have generally regarded illness as a cause of involuntary absence. However, illness might also be a cause of voluntary absence, as true medical grounds are not always the real reason for sick leave use (Brooke & Price, 1989).

Measurement of Absenteeism

Absenteeism has been measured in very different ways in terms of absence data collection techniques, criteria used for measurement and common periods of time over which to collect the data.

Absenteeism data sources.

Company records of absence are very often the primary and preferred source of absence data used by researchers (Burton, Lee & Holtom, 2002; Gellatly, 1995; Gellatly, 1998; Geurts, Schaufeli & Rutte, 1999; Mathieu & Kohler, 1990a; Mathieu & Kohler, 1990b; Mayer & Schoorman, 1992; Savery et al., 1998; Somers, 1995; Taunton, Hope, Woods & Bott, 1995). However, many organisations have not kept these up-to-date or the records have not indicated the reported reasons for absence. Supervisors often have the task of recording the absence of subordinates (Mathieu & Kohler, 1990b). However, whether

the employee provided the supervisor with the true reason for absence or the supervisor recorded the reasons without prejudice is uncertain.

Some researchers have used self-report measures of absenteeism, often due to the unavailability or inaccessibility of company records, or in an attempt to find the real causes of absence (Brooke & Price, 1989; Cohen, 1998; McFarlane Shore, Newton & Thornton, 1990). Although Johns (1994a) found that self-report measures are a reasonably valid measure of actual absenteeism, there are still concerns about bias. Johns suggested that as organisations generally regard absenteeism as a negative behaviour or 'deviance', employees may feel motivated to under-report their actual absence to avoid association with this socially undesirable work outcome. Memory problems relating to dates, causes and duration of absence is also a problem in collecting data through self-report measures. Attribution bias may also result when the researcher expects individuals to attribute their own causes to their behaviour, with employees tending to attribute past absences to external or involuntary causes out of their control (Harrison & Martocchio, 1998).

Self-report absenteeism measures could lead to over or under-reporting of absence making the data of questionable use. To obtain a true reflection of absenteeism in organisations and minimize the possible error and bias, some researchers recommend using both self-report measures and company records together to ensure consistency and indicate the presence of bias, through correlation of the data collected from both sources (Blau, 1986; Gaziel, 2004; Ivancevich, 1985; Sagie, 1998; Timmins & Kaliszer, 2002).

Absenteeism measurement criterion.

The most common metrics for measuring absenteeism are time lost (total number of days in the period that the employee has been absent) and frequency of absence episodes (number of episodes during the period that the employee has been absent) (Johns, 1994b). Total

number of single-day absences (Taunton et al., 1995) and number of annexed absences (those attached to a weekend or holiday) (Somers, 1995) have also been used.

Many researchers have considered frequency to be the most valid measure of absenteeism, as it reflects voluntary absence behaviour (Blau, 1986; Brooke & Price, 1989; Gellatly, 1995; Geurts et al., 1999; Johns, 1994b; Somers, 1995). Blau and Boal (1987) explained that frequent absences of short duration are less likely to be due to true medical reasons and are most likely to reflect volitional absenteeism. However, Mathieu and Kohler (1990a) argued that the frequency measure is an indirect and non-precise measurement of voluntary absence, as the reason the employee is absent is not explored. They proposed that a direct measure of voluntary and involuntary absence would be to measure time lost in relation to the causes for absence, which would provide more detailed and useful absence information.

Period of absenteeism measurement.

Absenteeism research typically considers absence data over a period of between 3 to 12 months using self-report measures and company records (Johns, 1994b). To manage potential bias in self-report measures, Sagie (1998) suggested that absenteeism measures should focus on more immediate time periods, such as 3 months. In a study on hospital nurse absence, Hackett, Bycio and Guion (1989) used absence diaries over a 4 to 5 month period enabling real-time data collection to alleviate possible bias. However, this option is not always feasible, due to time constraints and possible problems with accessibility and co-operation of the subjects.

Predictors of Absenteeism

Numerous work and non-work factors, such as work conditions, occupation, personality and family obligations, have been found to be predictors of absenteeism in the organisation (Johns, 1994b). Hackett et al. (1989) suggested that absence might be an escape or relief from the negative

aspects of work experience. They found that nurses primarily are absent from work to deal with occasional emotional and physical fatigue brought about through the demands of their occupation. They suggested that this absence might actually be functional to the organisation, in terms of preventing costs associated with possible burnout of staff. They further proposed that the type of work that a person does might affect the choice made regarding attendance. For example, they suggested that a physically demanding work environment would have an influence on the choice of attending work if suffering from back strain. These work-induced medical conditions may also lead to absenteeism.

Organisation absence policies where unexcused absence is strictly not encouraged may influence the levels of absenteeism. Mayer and Schoorman (1992) found that employee awareness of these absence policies could influence absenteeism and that there is likely to be less absence if an organisation takes punitive action against the employee after a certain number of unexcused absences. Bennett (2002) found a positive impact on attendance rates where organisations reward employees for attendance. Taunton et al. (1995) found, in a study of absenteeism in four hospitals, that the different organisational absence policies within each hospital had an important impact on absenteeism levels. The hospitals that monitored excessive absenteeism, and put incentives in place for attendance tended to have lower absence levels.

Non-work factors that may directly influence absenteeism include enduring personality traits of an employee, such as conscientiousness, suggesting that some people are more prone to be absent (Johns, 1995). Family responsibilities may also affect an employee's ability or motivation to attend work, due to stressors such as financial concerns, death or illness in the family and relationship problems (Burton et al., 2002). Work-related attitudes such as commitment, job satisfaction and job involvement may influence absenteeism levels significantly. The following sections will discuss these possible influences, with a focus on the role of commitment.

Commitment

This section examines the commitment construct with discussion of the different components and foci of commitment.

Definition of Commitment

Allen and Meyer (1990) referred to organisational commitment simply as “a psychological state that binds an individual to an organisation” (p. 11). They added that commitment is distinguishable from other work attitudes, such as job satisfaction, motivation and job involvement, and it is therefore possible to measure commitment as a separate construct. Somers and Birnbaum (2000) have suggested that employees with higher levels of organisational commitment will engage in favourable work-related outcomes, such as improved job performance and reduced turnover and absenteeism.

However, there has been a lack of consensus amongst theorists in defining and conceptualizing commitment. Mowday, Steers and Porter (1979) defined organisational commitment as “the relative strength of an individual’s identification with and involvement in an organisation” (p. 226). According to Guest (1995), commitment “is concerned with the level of attachment and loyalty to an organisation among its employees” (p. 74). Criticism has since emerged that these existing views of commitment ignore the full complexity of the construct.

Components of Commitment

It is now generally recognized and accepted that commitment has multiple components (Allen & Meyer, 1990; Burton et al., 2002; Cohen, 1998; Gellatly, Meyer & Luchak, 2006; Meyer & Allen, 1997; Meyer & Herscovitch, 2001; Randall, 1990; Randall et al., 1990; Reilly & Orsak, 1991; Somers, 1995; Somers & Birnbaum, 2000). In their three-component model of commitment, Allen and Meyer (1990) described affective commitment, continuance commitment and normative commitment. These operationally distinct but related components explain the nature of the commitments that each develop differently and result in specific work-related behaviours.

- 1) *Affective commitment to the organisation (ACO)*: refers to an “employee’s emotional attachment to, identification with and involvement in the organisation” (Meyer & Allen, 1997, p. 11). This view of organisational commitment is most representative of conceptualizations in past literature that explained organisational commitment as an emotional sense of loyalty, feeling of belonging and identification with the values of the organisation. The affectively committed employee desires or *wants* to be a member of the organisation, and feels an emotional or affective bond to it.
- 2) *Continuance commitment to the organisation (CCO)*: refers to the perceived costs and lack of other opportunities (Meyer & Allen, 1997). An employee is committed in that they see too many costs or penalties, financial or non-financial, in leaving the organisation. The employee feels a need to remain a participant in the organisation, as they cannot see any suitable alternatives and the personal sacrifice of leaving is too great. The employee will behave in a certain manner within the organisation, not because they want to, but they feel they *have* to.
- 3) *Normative commitment to the organisation (NCO)*: refers to feelings of moral obligation and responsibility to the organisation (Meyer & Allen, 1997). Normative committed employees feel that they should stay and participate in the organisation and job, based on their beliefs of ‘the right thing to do’. The employee will behave in a certain way within the organisation out of a sense of duty and obligation.

Multiple Foci of Commitment

Meyer and Allen (1997) suggested that employees have varying levels of commitment towards different foci in the workplace, such as the organisation, co-workers and the profession. Commitments to these entities may compete or be compatible with each other, in terms of shared or conflicting goals and values. Herscovitch and Meyer (2002) found that commitment to a specific

target is a better predictor of work behaviour related to that target, than the influence of overall organisational commitment. Vandenberghe, Bentein and Stinglhamber (2004) found that affective commitment to the organisation and co-workers (described by the authors as the work group) are distinct and have different antecedents. The previous section described *Affective (ACO)*, *Continuance (CCO)* and *Normative (NCO) commitment* in relation to the organisation. I will now discuss affective commitment directed to other suggested foci:

- 1) *Affective commitment to co-workers (ACCW)*: In a meta-analytic study of foci of attachment in organisations, Riketta and Van Dick (2004) concluded that on average attachment or affective commitment to co-workers in the workgroup is stronger than attachment to the organisation itself. They add that daily interaction with co-workers in a work group or department can result in familiarity, cohesion and satisfaction of an individual's social needs. An employee is more likely to identify with these shared values and goals within the workgroup, which may also be in conflict with the organisation's values and goals. Despite the findings that have suggested strength in employees' commitment to their co-workers, Vandenberghe et al. (2004) found that commitment to members of the work group had no direct influence on work outcomes of turnover and absenteeism.
- 2) *Affective commitment to the profession (ACP)*: A nurse may feel committed to the profession's values of caring for the sick, but may not feel an affective bond to the hospital or co-workers. Cohen (1998) found that professional commitment (described by the author as 'occupational commitment') strongly related to work behaviour, and concluded that this form of commitment was particularly important for understanding work behaviour in professional occupations, such as nursing.

Measurement of Commitment

Efforts to measure organisational commitment have focused on mainly a one-dimensional conceptualization of the construct. Mowday et al. (1979) developed the most widely used uni-dimensional scale of commitment called the Organisational Commitment Questionnaire (OCQ), which in its latest version essentially measures the affective attachment and bond to the organisation. It does not allow for the multi-dimensional nature of commitment or that commitment levels may vary across different foci in the workplace.

Meyer and Allen (1997) developed scales for measuring affective, continuance and normative commitment. Although, the development of a multi-dimensional commitment scale is a recognized advancement and the authors report good reliability and validity, the measure is not without limitations. McGee and Ford (1987) first reported concerns with the measurement of continuance commitment, with suggestions that the scale actually measures two related dimensions of high personal sacrifice and of perceived lack of alternatives. Bagraim (2005) later addressed these concerns when he refined Meyer and Allen's scales in his doctoral dissertation and adapted and validated the scales for use within the South African context.

The Relationship between Absenteeism and Commitment

The relationship between absenteeism and commitment has been studied for over 30 years. Results from these studies show little consistency, reporting the relationship as weak (Cohen, 1998; Gaziel, 2004; Larson & Fukami, 1985; Mayer & Schoorman, 1992; Mowday et al., 1979; Somers, 1995), or insignificant (Angle & Perry, 1981; Brooke & Price, 1989; Geurts et al., 1999; Randall et al., 1990). These findings may reflect poor conceptualization and measurement of both absenteeism and commitment, where the researchers did not distinguish between multiple components and foci of commitment or identify different types of absenteeism (Randall et al.). This section will review the absenteeism-commitment relationship findings by considering the limitations of previous research.

Previous studies examining the relationship between absenteeism and commitment have failed to distinguish between different types of absence in terms of excused and unexcused (Angle & Perry, 1981) or voluntary and involuntary absence (Geurts et al., 1999; Mayer & Schoorman, 1992). Randall (1990) noted that if the studies finding a weak absenteeism-commitment relationship had included voluntary or involuntary absence distinctions, relationship findings might have been stronger. Sagie (1998) suggested that, as voluntary absence is within the employees' control, it would be the only absence type influenced by work attitudes such as organisational commitment. His results strongly indicated that employees who are highly committed to the organisation or are highly satisfied with their job are less likely to engage in voluntary absence behaviours than those with weak organisational commitment and low job satisfaction. Gaziol (2004) also found a significant relationship between commitment and voluntary absence, which was stronger than the relationship between commitment and involuntary absence. These two studies indicate that distinguishing between voluntary and involuntary absence may be significant when considering its relationship with commitment.

The criteria of absenteeism measurement may have affected previous findings on the absenteeism-commitment relationship. Geurts et al. (1999) found no relationship between absenteeism and commitment, by using only a self-report measure of absence frequency over 1 year and not distinguishing between types of absence. Sagie (1998) proposed that measuring absenteeism directly based on the causes of absence might result in a more accurate assessment of the relationship between work attitudes and voluntary absence. He measured absence over a 3 month period using both self-reports and company records, and found no apparent underreporting of absence in the self-reports which had correlated strongly with company records. In addition to alleviating bias related to memory and attribution problems, Harrison and Martocchio (1998) also suggested that when measuring absenteeism in relation to job attitudes, a time period of between 3 months and 1 year is most appropriate, as the job attitude should stay relatively stable

over this period. Over this timeframe, the organisational commitment data will be most relevant to the absenteeism recorded.

Another problem with previous research on the absenteeism-commitment relationship is the failure to conceptualize commitment as multi-dimensional. Some researchers only measured the affective form of attitudinal commitment, using the Organisational Commitment Questionnaire (OCQ) (Angle & Perry, 1981; Geurts et al., 1999; Mayer & Schoorman, 1992). Randall (1990), in a meta-analysis of 35 studies examining the organisational commitment and work outcomes relationship, found a weak positive relationship between absenteeism and commitment, but that conceptualizing organisational commitment as one-dimensional had an impact on the strength of the relationships found. The author noted that it is important to differentiate between different components of commitment.

Since Allen and Meyer's (1990) development of the three-component model of commitment, other researchers have used the components of *Affective (ACO)*, *Continuance (CCO)* and *Normative (NCO) commitment to the organisation* to study the relationship between absenteeism and commitment, although many have not included *NCO* in the analysis (Burton et al., 2002; Gellatly, 1995; Meyer, Stanley, Herscovitch & Topolnytsky, 2002; Randall et al., 1990; Somers & Birnbaum, 2000). As different mind-sets accompany *ACO*, *CCO* and *NCO*, each would have a certain relationship with work behaviours such as absenteeism. Some researchers have found that *CCO* was significantly different component in that it may not lead to positive work outcomes, such as increased attendance (Burton et al.; Somers & Birnbaum). However, Meyer et al. conducted a meta-analysis of 155 previous studies in which *ACO*, *CCO* or *NCO* were used to determine possible antecedents, correlates and consequences of commitment. The authors found that *ACO* had the strongest negative relationship to absenteeism, and that *CCO* and *NCO* both had a weak positive relationship with absenteeism. Despite the mixed findings of how each component relates to absenteeism, different correlations found between certain components of commitment and

absenteeism emphasize the importance of observing and measuring commitment as multi-dimensional.

The Absenteeism - Commitment Relationship among Hospital Nurses

A number of studies, shown in **Table 1**, have looked at the relationship between absenteeism and organisational commitment of hospital nurses. As discussed, the inconsistent results may reflect poor conceptualization of the construct and measurement problems. The early studies often used general scales of commitment with most finding a weak or non-existent relationship between absenteeism and commitment (Blau, 1986; Larson & Fukami, 1985; Mowday et al., 1979). The measure of absenteeism differed for all the tabled studies. Though many differentiated between excused and unexcused absence, they excluded direct measures linking the cause of absence to voluntary or involuntary behaviour (Blau, 1986; Cohen, 1998; Larson & Fukami, 1985; Somers, 1995; Taunton et al., 1995). Gellatly (1995) used multi-dimensional measurement approaches for both absenteeism and commitment and found *ACO* negatively related to absence frequency and time lost. He also found *CCO* positively related to absence frequency and suggested that employees with high *CCO* were more likely to engage in intended and voluntary absence behaviour. His conceptualizations of commitment and absenteeism as multi-dimensional may have enabled him to find stronger relationships between the different components of commitment and the different types of absence.

Table 1

Previous absenteeism-commitment relationship studies among hospital nurses (includes studies with a nurse sub-sample)

Author	Year	Commitment Scale	Absenteeism measure	Results
Mowday, Steers & Porter	1979	Organizational Commitment Questionnaire (OCQ)	Not reported.	Relationship between organisational commitment and absenteeism found in two samples, but no relationship found in the hospital sample.
Larson & Fukami	1985	Alutto, Herbiniak & Alonso's commitment index – modified version	Organisation records: Excused and unexcused frequency of absence 12 month period	Commitment has weak relationship to excused absenteeism and no relationship with unexcused absenteeism.
Blau	1986	Porter, Crampon & Smith's scale – shortened version.	Organisation records: Unexcused frequency of absence 6 month period	Commitment, interacting with job involvement, has weak negative relationship to unexcused absenteeism.
Brooke & Price	1989	Not reported.	Price & Mueller Self-report measure: Unexcused absence Frequency of absence linked to reported reasons 3 month period	Commitment has no relationship with absenteeism.
Gellatly	1995	Allen & Meyer's scales – ACO and CCO	Self-report: Frequency of absence and Time Lost Organisation records: Frequency of absence and time lost and causes for absence 12 month period	ACO has a negative relationship to absenteeism. CCO has positive relationship to absenteeism.
Taunton, Hope, Woods & Bott	1995	Own developed scale	Organisation records: Single-day Absence frequency 6 month period	Commitment has relationship with absenteeism (in one sample only)
Somers	1995	Allen & Meyer's scales – ACO, CCO and NCO	Organisation records: Frequency of absence and annexed absences 12 month period	ACO has a negative relationship to absenteeism. CCO, interacting with ACO, has negative relationship to absenteeism. NCO has no relationship to absenteeism.
Cohen	1998	Organizational Commitment Questionnaire (OCQ) – shortened version	Self-report: Time lost 12 month period	Organisational commitment has weak significant relationship with absenteeism.

Note. ACO = Affective commitment to the organisation, CCO = Continuance commitment to the organisation, NCO = Normative commitment to the organisation

A literature search revealed that there has been no published research regarding the relationship between absenteeism and commitment using a hospital nurse sample during the last eight years.

In the absenteeism-commitment studies within a nursing context, any differences between findings do not appear to be due to the use of either self-reports or organisational records for measuring absenteeism. Brooke and Price (1989) relied solely on a self-report measure and found no relationship between absenteeism and commitment. However, Cohen (1998) used self-reports, and found that commitment was useful in predicting work outcomes in the nursing profession, but that the relationship found between absenteeism and commitment was weak. He explained that the weak relationship was due to a likelihood of bias in the use of self-report measures, despite many studies showing that data from self-report measures correlated with the organisational records and that self-report measures are a reasonably valid measure of actual absenteeism (Johns, 1994b).

Where researchers found significant correlations, absenteeism had a negative relationship with ACO. When measured, CCO had either no relationship or a positive relationship to absenteeism, which is in line with absenteeism-commitment research in other contexts. Absenteeism researchers have largely ignored NCO, which may have excluded significant findings. Somers (1995) did study all three components of commitment in relation to work outcomes among hospital nurses. He found only ACO to have a direct relationship with absenteeism, and CCO's effect on absenteeism was only significant through an interaction with ACO. However, NCO did not explain absenteeism directly or through its interaction with ACO or CCO. Somers asserted that the use of a one-dimensional conceptualization of commitment in previous studies with the focus only on ACO did not weaken those findings, as CCO and NCO do not play a direct role in the absenteeism-commitment relationship. However, he admitted that if he had included a voluntary and involuntary absence distinction, his results might have indicated that NCO and CCO are more important in their direct influence on different types of absence.

Proposition 1: Affective commitment to the organisation (ACO) and Normative commitment to the organisation (NCO) have a significant negative relationship to absenteeism.

Proposition 2: Continuance commitment to the organisation (CCO) has a significant positive relationship to absenteeism.

A noticeable gap found in the literature is a lack of research on different foci of commitment and their relation to absenteeism. There is very little published research examining the relationship between absenteeism and ACO, CCO and NCO as directed to different foci of co-workers and the profession. Vandenberghe et al. (2004) in a more recent study did consider affective commitment to different foci in relation to certain work outcomes, such as turnover and job performance, and found significant differences in work behaviour resulting from commitment directed at specific targets. In a hospital nurse sample they found that commitments to the organisation, the supervisor and the members of a work group were less inter-correlated than in other samples, suggesting that hospital nurses strongly differentiated between commitments to different foci. Commitment to different foci may therefore have a significant influence on absenteeism particularly within a nursing context.

Proposition 3: Affective commitment to co-workers (ACCW) has a significant negative relationship to absenteeism.

Proposition 4: Affective commitment to the profession (ACP) has a significant negative relationship to absenteeism.

Organisational Commitment Component Interactions

Meyer and Allen (1991) proposed that researchers should consider the three components of commitment simultaneously to understand employee behaviour. Despite this suggestion, very little research has considered the organisational commitment interactions in relation to absenteeism. Somers (1995) examined the interactions between the organisational commitment components, and found that high levels of CCO and moderate to low levels of ACO explained increased absence frequency among nurses. Wasti (2005)

later categorized differing levels of each commitment into profiles, which related to different levels of work withdrawal behaviours. Employees characterized by low levels of *ACO*, *CCO* and *NCO* showed the least desirable work behaviours and he found that high levels of *CCO* weakened the positive impact on work withdrawal of high *ACO* and *NCO*. Herscovitch and Meyer (2002) also found that a profile characterized by low levels of all three types of commitment would result in the lowest likelihood of positive work behaviour. Their study also supported the proposition that high *CCO* resulted in negative work behaviours, but that this became less apparent when the employee also showed high levels of *ACO*.

Proposition 5: Affective (ACO), Continuance (CCO) and Normative (NCO) commitment to the organisation interact in explaining absenteeism.

Moderators of the Relationship between Absenteeism and Commitment

Mowday et al. (1979) noted that organisational commitment may interact with other work attitudes in its influence on employee absence behaviour. Mathieu and Zajac (1990) later suggested that the weak relationship generally found between organisational commitment and absenteeism is the result of studies looking at this relationship directly without consideration of moderating variables.

Job involvement.

Blau and Boal (1987) defined job involvement as “the extent to which the individual identifies psychologically with his/her job” (p. 290). They suggested that job involvement may interact with organisational commitment to influence absenteeism and certain combinations of job involvement and organisational commitment may result in different absence behaviour. Mathieu and Kohler (1990b) found that job involvement interacted with commitment in its relationship to voluntary absence, but not to involuntary absence.

Taunton et al. (1995) found that job involvement did not influence absenteeism among hospital nurses, but they did report that organisational commitment had a direct influence on absenteeism. However, they did not distinguish between different types of absence in their study and only measured the total number of single-day absences over a six-month period, which possibly influenced their findings. Blau (1986) and Cohen (1998) both found that hospital nurses with low affective commitment and high job involvement engaged in the most absence behaviour. Although the authors reported only modest indications of the moderating effect of job involvement in the absenteeism-commitment relationship, the findings suggested that high job involvement and low affective commitment may not be desirable in a demanding profession such as nursing because of its effects on absenteeism.

Job satisfaction.

Price and Mueller (1981) described job satisfaction as the overall degree to which individuals like their jobs. Mowday et al. (1979) suggested that job satisfaction may moderate the relationship between organisational commitment and absenteeism. Sagie (1998) later found that job satisfaction correlates highly with organisational commitment and that despite being distinguishable constructs, they interact to influence voluntary absenteeism. Brooke and Price (1989) found that although job satisfaction had a significant negative relationship to absenteeism, it did not moderate the relationship between commitment and absenteeism, as commitment did not correlate with absenteeism in their study.

Eby, Freeman, Rush and Lance's (1999) meta-analysis of 19 studies supported some of these findings. They found that commitment related to absenteeism, but job satisfaction did not moderate this relationship. Despite the importance of these collated findings, the researchers added that very few of the reviewed studies had examined commitment and job satisfaction simultaneously. They further explained that

considering strong correlations were found between commitment and job satisfaction; their results may not have showed the true complexity of moderating variables on the absenteeism-commitment relationship.

Career stage.

In Super's (1957) seminal work on career development, he explained that regardless of occupation or background, people pass through specific career stages which are characterized by various activities and psychological changes. Cohen's (1991) meta-analysis of 41 studies on the relationship between organisational commitment and work outcomes found that career stage, as measured by age and tenure, acts as a moderator in the absenteeism-commitment relationship. They found a stronger relationship between absenteeism and commitment in late career stage, when employees are more likely to have developed a sense of loyalty and belonging to the organisation, profession or job.

The effects of age and tenure on the absenteeism-commitment relationship possibly indicate career stage's influence on the relationship, as most researchers have measured career stage through these metrics. Age and tenure have displayed a similarity across studies in terms of their effect on work outcomes (Cohen, 1991; Reilly & Orsak, 1991). Gellatly's (1995) study revealed a complex interaction between commitment, absenteeism, age and tenure. Older employees with longer tenure showed higher levels of continuance commitment (CCO), and tended to be absent for longer than younger employees, but not as frequently.

Reilly and Orsak's (1991) career stage analysis found that at different career stages of hospital nurses the components of ACO, CCO and NCO become more or less relevant. They measured career stage by the demographic variables of age and tenure. They found that ACO and CCO increased with age, and that nurses in late career stage had significantly higher levels of continuance commitment (CCO). If the different components of commitment are more applicable to employees

at different career stages, then career stage measured by age and tenure may have a moderating effect on the relationship between absenteeism and commitment.

Absence culture.

Gellatly and Luchak (1998) defined absence culture as “the set of absence-related beliefs, values, and behavioural patterns that are shared among members of a work group or organizational unit” (p. 1086). In a study within a hospital context, they found that perceived absence norms within the workgroup and organisation related to prior individual absence. Employees learn through observing and awareness of absence among co-workers, what is expected and permissible in terms of their own absence levels. Mathieu and Kohler (1990a) also found that group-level absence rates indicating the absence culture, influence absence on the individual level, suggesting that the social context of the organisation may influence absenteeism. They noted that absence patterns differ between organisational settings.

Johns (1994b) suggested that self-serving bias influences perceived norms, whereby employees tend to underestimate their own absence and overestimate absence of others in the organisation or work group. This effect promotes employee absence through the belief that the normal absence behaviour is higher than it really is. Gaziel (2004) found in a study of primary school teachers, that if reasons given for voluntary absence are legitimate and acceptable according to the shared values of the work group or organisation, this permissive absence culture encourages employees towards higher levels of absenteeism.

To understand the absence culture’s moderating effect on the absenteeism-commitment relationship, Gellatly (1995) proposed that employees who have high levels of CCO will have an increased awareness of the absence culture within the organisation or their work group and are more likely to take advantage of voluntary absence. He

found that employees with high levels of CCO believed the absence norm to be higher and were more likely to be absent.

Proposition 6: The relationship between absenteeism and commitment is moderated by Job involvement, Job satisfaction, Career stage and Absence culture.

Summary of Propositions

Based on the literature review, six propositions were developed and are summarized in **Table 2**.

Table 2
Propositions of this study

Propositions	
Proposition 1	<i>Affective commitment to the organisation (ACO) and Normative commitment to the organisation (NCO) have a significant negative relationship to absenteeism.</i>
Proposition 2	<i>Continuance commitment to the organisation (CCO) has a significant positive relationship to absenteeism.</i>
Proposition 3	<i>Affective commitment to co-workers (ACCW) has a significant negative relationship to absenteeism.</i>
Proposition 4	<i>Affective commitment to the profession (ACP) has a significant negative relationship to absenteeism.</i>
Proposition 5	<i>Affective (ACO), Continuance (CCO) and Normative (NCO) commitment to the organisation interact in explaining absenteeism.</i>
Proposition 6	<i>The relationship between absenteeism and commitment is moderated by Job involvement, Job satisfaction, Career stage and Absence culture.</i>

Conclusion

This chapter reviewed the relevant literature on the relationship between absenteeism and commitment, with a focus on findings within a hospital nurse context. Absenteeism and commitment were defined and issues relating to the measurement of these constructs were discussed. The literature revealed a lack of consensus regarding the existence of any significant relationship between absenteeism and commitment. However, poor conceptualization of the constructs, measurement problems and failure to account for moderators might explain the weak and inconsistent findings. Addressing these limitations may reveal the true nature of the absenteeism-commitment relationship in future research.

University of Cape Town

CHAPTER 3: METHOD

The method employed in the study is discussed in this chapter through an explanation of the research design, sample characteristics, measures and the procedure used for data collection and analysis.

Research Design

The design guiding the research activity took the form of a descriptive, cross-sectional study aiming to describe the relationship between absenteeism and commitment among public sector nurses in the Western Cape at a particular point in time. Descriptive research designs are used to obtain information regarding the status quo of the phenomena under investigation or the variables and conditions in a situation (Key, 1997). This type of research design also focuses on the validity (accuracy) and reliability (consistency) of the observations in the aim to provide an accurate description of relationships between variables (Terre Blanche & Durrheim, 2002). Using a cross-sectional research design in this study allows for the observation of the commitment of nurses at a particular point in time in relation to absenteeism. A longitudinal study measuring commitment in relation to absenteeism over an extended period would have possibly resulted in different or even more revealing findings. However, due to the time constraints of this study, a longitudinal research design was not feasible.

Participants

The population for this study consisted of approximately 2000 public sector nurses (exact numbers of nurses employed were not available) employed at 50 day clinics and hospitals within the Cape Metropolitan District Health Services (MDHS), who service a population of 4 million in the Cape Metropole, Western Cape Province of South Africa.

An acceptable response rate of 54% was achieved, with 227 questionnaires returned out of the 420 distributed. Respondents ranged in age from 23 to 63 years ($Mean=41.34$, $SD=9.21$). As expected, due to the nature of the nursing

profession, most of respondents were female (88%). Racial distribution between respondents was Black (37%), Coloured (40%) and White (19%), with 4% of respondents preferring not to answer. Most of the respondents worked in a full-time capacity (92%) and worked an average of 40 hours per week (82%). Fifty-two percent of the sample was married. Respondents had worked for the organisation for between 0 and 36 years ($Mean=10.14$, $SD=8.76$), and had worked in the nursing profession for between 0 and 43 years ($Mean=17.66$, $SD=10.25$).

Procedure

A letter from the Regional Director of the Cape Metropolitan District Health Service (MDHS) gave permission to conduct the research. In addition, the University's Commerce Faculty Ethics Committee approved the study. Contact with each clinic Facility Manager took place prior to each visit, to explain the research and ensure their co-operation.

The self-report questionnaires were personally distributed in hard copy to public sector nurses employed in day clinics across the Western Cape. The entire population of nurses in the Western Cape was not accessible to enable a true random sampling method. However, to ensure a representative sample, nurses from within differing socio-economic zones of the Western Cape were included, with the result that 11 day clinics and hospitals were included in the final sample. The identified sites varied in size (ranging from 12 to 184 staff members) and geographical location, and every nurse at each clinic or hospital was targeted for completion of the questionnaire.

The study was introduced as part of an independent research project for the completion of Masters in Organisational Psychology at the University of Cape Town. It was explained that the results of the study would be made available to each clinic participating. The A5 booklet questionnaire contained a covering letter informing the participants of the nature of the research and the instructions to follow. This letter assured the participants of complete confidentiality and anonymity. A small token sweet was attached to each

booklet as an incentive for completion and return of the questionnaire. This small gesture was considered an acceptable form of incentive for the nature of the research and sample.

The sole use of a self-report measure of absenteeism is a possible limitation, due to concerns of possible bias leading to over or under-reporting of absence (Johns, 1994b). However, organisational records of absenteeism were not available for this study. In addition, the instructions and questionnaire were only provided in English, despite the likelihood of mixed home languages of English, Afrikaans and Xhosa among the participants. For convenience, it was assumed that the participants completing the questionnaires were proficient in reading and understanding of the English language.

An initial pilot study was conducted at two smaller clinics to test the appropriateness of the questionnaire format and effectiveness of the procedure to ensure the items and instructions were easily understandable. Fourteen nurses at these sites completed the questionnaire and were asked about their experiences and understanding of the item completion. The general response was that the questionnaire was easy to follow and there were no reports that it was difficult to understand. Based on this pilot study feedback, the questionnaire required no amendments and it was considered suitable to use for the larger sample.

After the pilot study, nurses at nine additional day clinics and hospitals were targeted to complete the questionnaire within 1 week and return it to a box set up at a central location at the clinic, such as the staff tearoom or the Facility Manager's office. The Facility Manager's were contacted again telephonically after a few days to follow up on progress of the questionnaire completion and to encourage higher response rates. The boxes were collected the following week and marked to indicate the particular site where the questionnaires had been completed.

Measures

The data was collected with the aid of an anonymous and confidential survey questionnaire, consisting of 53 items in the following scales (See Appendix):

Commitment

In his Doctoral dissertation, Bagraim (2005) adapted and validated the commitment scales of Meyer and Allen (1993, 1997) and the professional commitment scales of Wallace (1995) and Porter, Steers, Mowday and Boulian (1974) for use within the South African context. The survey questionnaire included these adapted scale items, which measured the components of commitment as directed to different foci, namely *ACO (Affective commitment to the organisation)*, *ACCW (Affective commitment to co-workers)*, *ACP (Affective commitment to the profession)*, *CCO (Continuance commitment to the organisation)* and *NCO (Normative commitment to the organisation)*. The Cronbach Alpha coefficients for the scales in Bagraim's study were as follows: *ACO (0.87)*, *ACCW (0.90)*, *ACP (0.90)*, *CCO (0.90)*, *NCO (0.89)*, which show good reliability and were acceptable to use within this study (Hair, Black, Babin, Anderson & Tatham, 2006). The *ACO*, *CCO* and *NCO* scales had five items each, the scale measuring *ACCW* contained four items and the scale measuring *ACP* contained six items. Responses were rated on a 5-point Likert-type scale with answers ranging from strongly disagree (1) to strongly agree (5).

Absenteeism

Personal absenteeism.

The absenteeism data was collected through a self-report measure with items for total *Days absent* ("How many working days were you absent from your work from 1st January until 31st May 2006 (excluding vacation days)?") and *Absence frequency* ("From 1st January until 31st May 2006 how many different times were you off from regularly scheduled work (excluding vacation days)?") over a five month period, with a further differentiation between voluntary and

involuntary absence behaviour. These questions were based on self-report measures used in previous research (Brooke & Price, 1989; Harrison & Shaffer, 1994; Meyer, Allen & Smith, 1993).

Absence culture.

Mirrored questions on the questionnaire asked subjects to report on their perceptions of co-worker absence to enable measurement of the *Absence culture of the workplace*, with reference to total days absent and co-worker absence frequency over the same period of 5 months. Additional questions referring to the *Absence culture of the profession* were also included. As used by Johns (1994a) and Johns and Lin Xie (1998), respondents were asked for their estimation of what level of total days absent over a 5 month period would be 'typical' or 'normal' for someone doing their kind of work.

Job Satisfaction

Job satisfaction's effect on the relationship between absenteeism and commitment was considered by the inclusion of a scale adapted by Bagraim (2005). The four scale items measuring *Job satisfaction* were adapted from Podsakoff, MacKenzie and Bommer (1996) and had a Cronbach Alpha coefficient of 0.93 in Bagraim's study. The scale required responses on a 5-point Likert-type scale with answers ranging from strongly disagree (1) to strongly agree (5).

Job Involvement

Job involvement's effect on the relationship between absenteeism and commitment was considered by the inclusion of a scale also adapted by Bagraim (2005). The three-item scale was adapted from the work of Kanungo (1982) and the scale had a Cronbach Alpha coefficient of 0.80 in Bagraim's study. The scale required responses on a 5-point Likert-type scale with answers ranging from strongly disagree (1) to strongly agree (5).

Demographics

Respondents were asked to complete a section at the end of the questionnaire responding to questions regarding gender, marital status, age, race, work status, occupational level, hours worked per week, years with current organisation and years within the nursing profession. *Career stage* was measured by age and professional tenure, as done in Reilly and Orsak's (1991) career stage analysis.

Statistical Analysis

The raw data obtained from the returned questionnaires was analysed with the aid of Statistica 7.0. A random sample of 15% of the sample questionnaires was selected to check the data for accuracy. No data capturing errors were found. The psychometric properties of the scales were examined using factor analysis (Principal axis method) and reliability analysis (Cronbach alpha method). The data was analysed using descriptive statistics (means and standard deviations), ANOVA (analysis of variance), correlation analysis (r) and hierarchical regression analysis (R^2) to determine the nature and magnitude of the relationships between the commitment, absenteeism and moderating variables. All statistics were calculated with appropriate probability statistics. The suggested data analysis methods were considered appropriate for testing the stated propositions and answering the research question.

Conclusion

The method used for the research study has been explained sufficiently that replication of the study is possible. The following chapter focuses on the results of the statistical data analysis.

CHAPTER 4: RESULTS

The aim in this chapter is to present the results obtained in this study in terms of the psychometric properties of the measures, descriptive statistics, intercorrelations between all the variables under study and hierarchical regression analysis to analyse the effects and interactions with the main predictor variables.

Item Analysis

Factor Analysis

Factor analyses (principal axis method) using varimax-normalized rotation were conducted to assess the dimensionality of the measurements scales used in this study. One item measuring *Affective commitment to the organisation (ACO)* and another item measuring *Continuance commitment to the organisation (CCO)* were removed due to their high cross-loadings. **Table 3** presents the final factor structure of organisational commitment. Three significant factors with eigenvalues greater than 1.0, accounted for 48.72%, 10.11% and 8.74% of total variance respectively (67.57% combined variance). Hair et al. (2006) stipulated that each scale item was required to load over 0.4 ($N=198$) to be considered significant on the appropriate factor. The five *Normative commitment to the organisation (NCO)* items loaded strongly onto Factor 1 (all factor loadings greater than 0.73). The four *Continuance commitment to the organisation (CCO)* items loaded moderately onto Factor 2 (all factor loadings greater than 0.59) and the four *Affective commitment to the organisation (ACO)* items loaded strongly onto Factor 3 (all factor loadings greater than 0.71).

Table 3
Factor analysis: Commitment to the organisation (final structure)

	Factor 1	Factor 2	Factor 3
Affective commitment to the organisation			
ACO2	0.273	0.172	0.798
ACO3	0.286	0.212	0.718
ACO4	0.277	0.183	0.793
ACO5	0.299	0.201	0.818
Continuance commitment to the organisation			
CCO1	0.059	0.690	0.249
CCO2	0.240	0.757	0.052
CCO3	0.202	0.827	0.189
CCO4	0.425	0.597	0.290
Normative commitment to the organisation			
NCO1	0.735	0.232	0.221
NCO2	0.748	0.158	0.279
NCO3	0.746	0.209	0.290
NCO4	0.770	0.158	0.273
NCO5	0.738	0.176	0.216
Eigenvalues	6.334	1.314	1.136
Individual total variance (percent)	48.72%	10.11%	8.74%
Cumulative total variance (percent)	48.72%	58.83%	67.57%

Note. N = 198 with casewise deletion of missing values.
 Principal axis factor analysis with varimax-normalised rotation
 The numbering (e.g. ACO2) shows the item numbers of the scale.

After conducting separate factor analyses for each one-dimensional scale in the study, all items were retained as they loaded significantly (greater than 0.4, N=198) on the relevant factor (Hair et al., 2006). The six items measuring *Affective commitment to the profession (ACP)* explained 77.5% of the total variance, with a minimum item factor loading of 0.76. The four items measuring *Affective commitment to co-workers (ACCW)* explained 70% of the total variance, with a minimum item factor loading of 0.67. The four items measuring *Job satisfaction* explained 64% of the total variance, with a minimum item factor loading of 0.73. Lastly, the three items measuring *Job involvement* explained 90% of the total variance, with a minimum item factor loading of 0.90.

Reliability Analysis

A Cronbach Alpha of 0.7 or more is considered acceptable for internal consistency of a scale (Hair et al., 2006). Scale reliabilities in this study exceeded recommended levels (see **Table 4**), with Cronbach Alpha values ranging between 0.85 and 0.96. On all the scales, inter-item correlations also exceeded the recommended 0.30 and item-total correlations exceeded the recommended 0.50 (Hair et al.). After the reliability analysis, summary scores were calculated for each variable by taking an arithmetic average of the scale items.

Table 4
Reliability analysis

Scale	N	Cronbach Alpha	Average Inter-Item Correlation	Lowest Item-Total Correlation
ACO	212	0.91	0.728	0.756
CCO	212	0.85	0.591	0.646
NCO	212	0.90	0.656	0.744
ACP	214	0.95	0.784	0.745
ACCW	220	0.90	0.705	0.643
Job satisfaction	222	0.87	0.642	0.681
Job involvement	222	0.96	0.902	0.886

Note. N = 212-222 with casewise deletion of missing values.

ACO = Affective commitment to the organisation, CCO = Continuance commitment to the organisation, NCO = Normative commitment to the organisation, ACP = Affective commitment to the profession, ACCW = Affective commitment to co-workers.

Distribution of Data

It was suspected from initial observation of the raw data that the absenteeism data may not be normally distributed. I used descriptive statistics and the Shapiro-Wilk W test to test for normality. The Shapiro-Wilk W was the preferred test to check for normality of data due to its good power properties (Hair et al., 2006). The descriptive statistics revealed that the absence data was highly positively skewed with skewness values of between 0.89 and 3.62 and Kurtosis values between -0.12 and 14.55. The W statistic for the Shapiro-Wilk W test was significant for *Absence frequency* ($W=0.83, p<.001$), *Total Days* ($W=0.80, p<.001$), *Involuntary absence* ($W=0.75, p<.001$) and *Voluntary absence* ($W=0.43, p<.001$), showing that the absence data

distributions were not normally distributed. The Kolmogorov-Smirnov one-sample test is another common procedure for checking for normality and it was applied to the data for further confirmation (Hair et al.). The resulting significant D-statistics showed the same non-normal distributions for *Absence frequency* ($D=0.22, p<.01$), *Total Days* ($D=0.24, p<.01$), *Involuntary absence* ($D=0.27, p<.01$) and *Voluntary absence* ($D=0.46, p<.01$).

Skew absence data is a relatively common problem experienced by absenteeism researchers, where data is generally truncated at zero (Johns, 1994b). Howell (2002) proposed that transforming the data of positively skewed distributions, through square-root or logarithmic transformation methods, is often effective in compressing the upper end of the distribution more than the lower end resulting in more symmetry and a distribution curve more normal in shape. These transformations did not make a significant difference to the distribution of the data. Following protocols established in the literature concerning the assumptions of normality, the original values were used (Hair et al., 2006).

Descriptive Statistics

Table 5 shows the means and standard deviations among the main variables. Initial observation showed low means for personal absence behaviours indicated by *Days absent* ($M=1.29, SD=1.48$) and *Absence frequency* ($M=1.39, SD=1.50$), indicating that either the nurses within the sample are not absent often or the nurses have underreported their own absence behaviour. However, the means for perceived co-worker absence measured through *Absence culture of the profession* ($M=1.69, SD=1.52$) and *Absence culture of the workplace* ($M=2.09, SD=1.60$) are considerably higher. As the results for self-reported absence and perceived absence of others are very different, the levels of absenteeism reported in this study may in fact be biased and not be a true reflection of the absenteeism situation among public sector nurses within the Western Cape.

Table 5
Descriptive statistics, reliabilities and correlations among main research variables (reliabilities in parentheses)

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Absence frequency	1.39	1.50	(-)														
2. Days absent	1.29	1.48	.73**	(-)													
3. Involuntary absence	1.01	1.32	.60***	.86**	(-)												
4. Voluntary absence	0.33	0.89	.45***	.39***	.26***	(-)											
5. Absence culture of the profession	1.69	1.52	.29***	.18*	.07	.36***	(-)										
6. Absence culture of the workplace	2.09	1.60	.34***	.37***	.27***	.21**	.41***	(-)									
7. Age	41.34	9.21	-.20**	-.11	-.04	-.10	-.21**	-.10	(-)								
8. Professional tenure	17.66	10.25	-.21**	-.09	-.05	-.13	-.22**	-.09	.82**	(-)							
9. ACO	3.33	1.06	-.10	-.18*	-.16*	.13	-.13	-.10	.15	.11	(.91)						
10. CCO	3.10	1.06	.03	.02	.04	.00	-.12	-.15	.17*	.14	.45***	(.85)					
11. NCO	3.16	1.08	-.03	-.13	-.05	-.04	-.12	-.08	.10	-.01	.53***	.48***	(.90)				
12. ACP	4.28	0.85	-.15	-.20**	-.07	-.23**	-.20**	.01	.14	.14	.33***	.18*	.31***	(.95)			
13. ACCW	3.46	0.93	-.05	-.07	-.06	.12	.00	.04	.17*	.14	.37***	.33***	.24**	.44***	(.90)		
14. Job satisfaction	3.95	0.91	-.11	-.14	-.09	-.15	-.16*	.03	.05	.12	.25**	.15	.34***	.48***	.32***	(.87)	
15. Job involvement	4.23	0.85	-.08	-.14	-.01	-.18*	-.15	.07	-.04	.00	.22**	.10	.30***	.58***	.36***	.70**	(.96)

Note. N = 152 with casewise deletion of missing values.

ACO = Affective commitment to the organisation, CCO = Continuance commitment to the organisation, NCO = Normative commitment to the organisation, ACP = Affective commitment to the profession, ACCW = Affective commitment to co-workers.

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

The means were moderately high for *ACO* ($M=3.33$, $SD=1.06$), *CCO* ($M=3.10$, $SD=1.06$), *NCO* ($M=3.16$, $SD=1.08$) and *ACCW* ($M=3.46$, $SD=0.93$), but were much higher for *ACP* ($M=4.28$, $SD=0.85$), indicating that the respondents have a high commitment to the nursing profession. A t-test for dependent samples established that the mean for *ACP* was significantly higher than the mean levels of *ACO* ($t=12.84$, $p<.001$), *CCO* ($t=13.48$, $p<.001$), *NCO* ($t=14.02$, $p<.001$) and *ACCW* ($t=12.43$, $p<.001$). Another interesting result was that nurses in this study displayed high levels of *NCO* ($M=3.16$, $SD=1.08$), as mean levels of *NCO* in other commitment studies are typically lower (Meyer, Allen & Smith, 1993). Somers (1995) found the mean *NCO* levels ($M=2.73$, $SD=0.56$) of hospital nurses to be much lower than the mean levels found in this study. This markedly lower mean for *NCO* is emphasized in that Somers' used a 7-point Likert-type scale with a mid-point of 3.5 to measure *NCO*, whilst a 5-point Likert-type scale with a mid-point of 2.5 was used to measure *NCO* in this study.

Group Differences

One-way analyses of variance (ANOVA) were conducted, using location, gender, race, marital status and occupational level as the grouping independent variables and all the absenteeism types and commitment components as the dependent variables. No significant differences in absence or commitment levels were found across gender, race and marital status groups. Location of the clinic or day hospital was found to have significant effects on *Days absent* ($F=2.72$, $p<.01$), *ACP* ($F=3.25$, $p<.001$), *ACCW* ($F=2.08$, $p<.05$) and *NCO* ($F=4.66$, $p<.001$), with interestingly the generally lowest absenteeism and highest commitment levels apparent at sites within lower socio-economic regions.

Slight significant differences were also found for *NCO* ($F=2.28$, $p<.05$) and *ACP* ($F=2.66$, $p<.05$) depending on the occupational level of the nurse, with nurses who have a higher professional status in the system to display higher levels of *ACP*, but lower levels of *NCO*. This finding means that as a nurse progresses to a higher occupational status or level, so their commitment

grows to the values and ideals of the nursing profession, whilst their feelings of moral obligation to the organisation in which they work decreases.

The *Age* and *Professional Tenure* variables were categorized according to Reilly and Orsak's (1991) age and tenure divisions, which indicate different Career stages of the employee. *Age* was split into four categories of 30 years old or younger, 31 to 38 years old, 39 to 44 years old and more than 44 years old. *Professional Tenure* was divided into four categories relating to the stage in career in the nursing profession with 2 years or less professional tenure indicating early career or the exploration stage, more than 2 years and up to 10 years of professional tenure indicating mid career or establishment stage, more than 10 years and up to 20 years professional tenure indicating late career or the maintenance stage, and more than 20 years in the nursing profession indicating disengagement or very late career. *Age* ($F=3.00$, $p<.05$) and *Professional Tenure* ($F=2.73$, $p<.05$) were found to have a significant effect on *Absence frequency* only.

Figure 1 shows that the mean *Absence frequency* was significantly higher among those nurses in mid career / establishment stage ($M=1.75$, $SD=1.52$) than those in disengagement stage/very late career stage ($M=0.97$, $SD=1.31$).

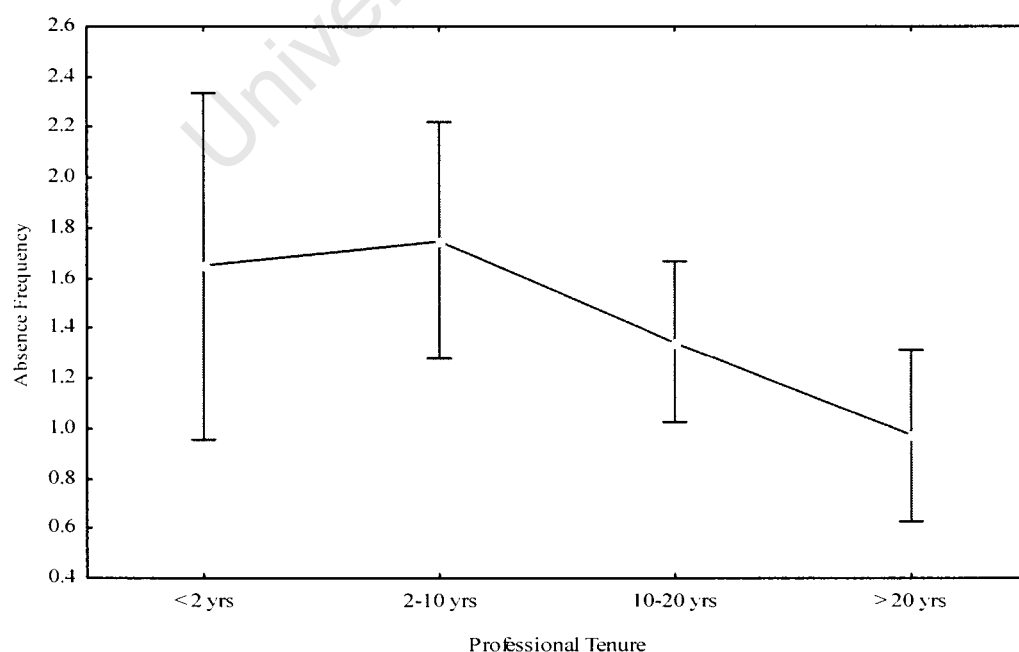


Figure 1. Means of *Absence frequency* across different levels of Professional tenure

Figure 2 shows that *Absence frequency* was significantly lower among those nurses older than 44 years ($M=0.97$, $SD=1.33$).

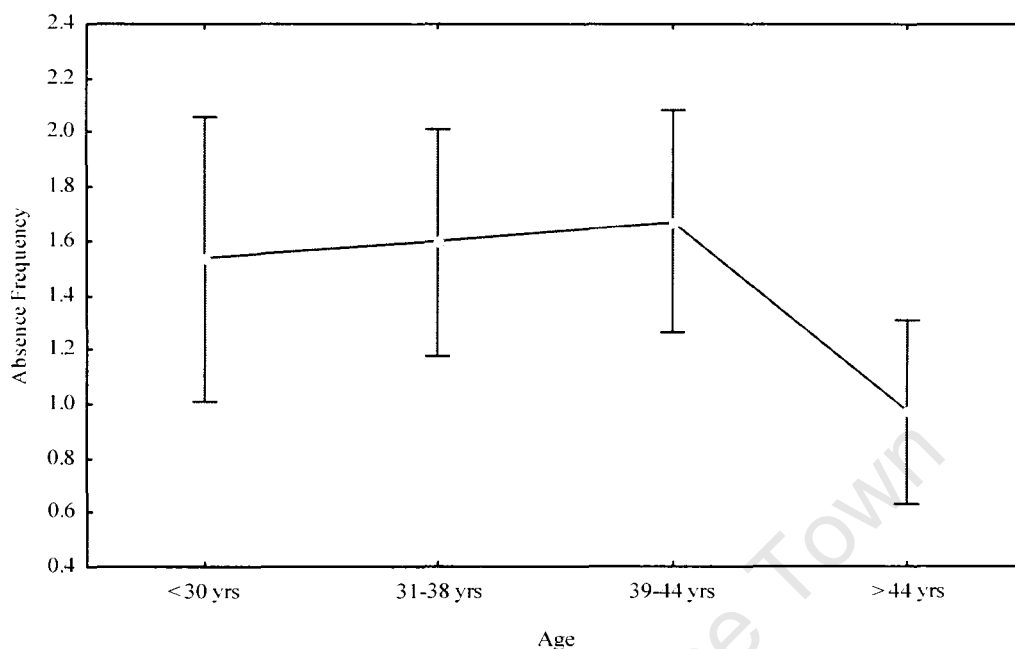


Figure 2. Means of *Absence frequency* across different Age levels.

Correlation Analysis

Table 5 also shows the correlations among the all the variables in this study. None of the commitment variables correlated significantly with *Absence frequency*. *Days absent* had a significant negative relationship with only two of the hypothesized commitment variables, namely *ACO* ($r = -.18$, $p < .05$) and *ACP* ($r = -.20$, $p < .05$). *Voluntary absence* also had a significant negative relationship with *ACP* ($r = -.23$, $p < .01$). However, all significant correlations between the absence and commitment variables showed very weak relationships with r -values below .25.

Hierarchical Regression Analysis

Hierarchical regression analysis was applied to test how much difference in the absence variance was explained by commitment. Firstly, evidence of normality of the data distribution was established by examining the residual probability plots, which indicated no violation of assumptions (Hair et al., 2006). The results of the hierarchical regression analysis are shown in **Table 6**. As *Absence frequency* did not correlate significantly with any of the commitment variables, it was excluded from this analysis. Only *ACO* and *ACP* were retained for this analysis, as only variables that have significantly correlated should be used in hierarchical regression analysis (Hair et al.).

Table 6
Hierarchical regression analysis: Affective commitment to the profession and the organisation as predictors of Days absent and Voluntary absence.

Step		Days absent			Voluntary absence		
		Beta	R ²	Δ R ²	Beta	R ²	Δ R ²
1	Control variables		0.015	-		0.022	-
	Gender	-0.052			0.016		
	Age	-0.094			-0.009		
	Race	0.005			0.008		
	Tenure	-0.028			-0.138		
2	Predictor variables		0.050	0.035*		0.065	0.043**
	ACP	-0.161*			-0.209**		
	ACO	-0.056			-	-	-

Note. N = 180-185 with casewise deletion of missing values. DV=Days absent (N=180), DV=Voluntary absence (N=185).

ACO = Affective commitment to the organisation, ACP = Affective commitment to the profession

*p ≤ .05; **p ≤ .01

Days absent was subjected to a two-step regression to test the effects of *ACP* and *ACO* on the variable. As *Voluntary absence* correlated significantly with *ACP* it was also subjected to further regression analysis. For both the analyses, the first step involved entering a block of four demographic control variables (each respondent's *Gender*, *Age*, *Race* and *Professional Tenure*); none of these variables were significant. In the second step, *ACP* and *ACO* together explained significant variance in *Days absent* ($\Delta R^2 = 0.035$, $p < .05$), although *ACP* was the only variable that contributed significantly to explain this type of absence ($beta = -0.161$, $p < .05$). The regression analysis was then run again using only *ACP* as a predictor of *Days absent*, which showed that *ACP*

explained 3.2% ($\Delta R^2 = 0.032$, $p < .05$) of the variance on its own. Although ACO appears to explain very little variance, **Table 5** showed that it correlated significantly with ACP ($r = .33$, $p < .001$), implying that much of the variance explained by ACO for *Days absent* has already been accounted for by ACP. In the second analysis, ACP was significant in explaining the variance in *Voluntary absence* ($\Delta R^2 = 0.043$, $p < .01$). Despite statistically significant findings, the R^2 values are quite low and are of questionable practical significance, as more than 95% of the variance in absenteeism is still unaccounted for.

Interaction Analysis

Some studies (Randall et al., 1990; Somers, 1995) have shown that there are interaction effects between ACO, CCO and NCO in explaining work outcomes. Two-way and three-way interactions between these variables are presented in **Table 7** as predictors of the absence variables of *Days absent*, *Absence frequency*, *Voluntary* and *Involuntary absence*. The commitment variables were first centred using a formula to subtract the mean of the variable from the summarized variable score and then interaction variables were created for the analysis by multiplying the appropriate centered variables (Hair et al., 2006). Significant two-way interactions between ACO and CCO were observed for both *Absence frequency* ($\beta = 0.189$, $p < .05$) and *Voluntary absence* ($\beta = 0.195$, $p < .05$). A significant three-way interaction between ACO, CCO and NCO was also observed for *Voluntary absence* ($\Delta R^2 = 0.038$, $p < .01$). There were no significant interactions for either *Days absent* or *Involuntary absence*.

Table 7

Commitment interaction analyses: Affective, Continuance and Normative commitment to the organisation interaction effects on Days absent, Absence frequency, Voluntary and Involuntary absence

Step		Dependent variables											
		Days absent			Absence frequency			Voluntary absence			Involuntary absence		
		Beta	R ²	Δ R ²	Beta	R ²	Δ R ²	Beta	R ²	Δ R ²	Beta	R ²	Δ R ²
1	ACO	-0.204*			-0.146			0.096			-0.237*		
	CCO	0.157			0.099			-0.027			0.157		
	NCO	-0.152			-0.045			-0.148			-0.025		
			0.072	-		0.023	-		0.017			0.049	
2	ACO x CCO	0.145			0.189*			0.195*			0.006		
	ACO x NCO	-0.086			-0.055			0.080			-0.029		
	NCO x CCO	-0.070			-0.083			-0.176			-0.018		
			0.089	0.017		0.046	0.023		0.048	0.031		0.051	0.001
3	ACO x CCO x NCO	-0.176	0.107	0.018	-0.173	0.063	0.017	-0.256**	0.086	0.038**	-0.166	0.066	0.015

Note. N = 193-194 with casewise deletion of missing values. DV=Days absent (N=194), DV=Absence frequency (N=193), DV=Voluntary absence (N=193), DV=Involuntary absence (N=193)

ACO = Affective commitment to the organisation, CCO = Continuance commitment to the organisation, NCO = Normative commitment to the organisation

* $p \leq .05$; ** $p \leq .01$

A breakdown analysis explored the nature of the two-way and three-way interactions on *Absence frequency* and *Voluntary absence*. New categorical variables were created for *ACO*, *CCO* and *NCO* and the individual values were sorted into categories indicating low, moderate or high levels of the commitment variable. Somers (1995) categorized the commitment variable levels by using the median value and the standard deviation. These same principles were applied where the low-level category included all individual scores smaller than the sum of the median of the overall variable minus the standard deviation. Moderate levels of the commitment variable were all individual scores falling between the sum of the variable median minus the standard deviation and the sum of the median plus the standard deviation. The high commitment level category contained all individual cases with scores higher than the sum of the median plus the standard deviation.

Figure 3 shows that the highest mean levels of *Absence frequency* stemmed from a combination of low *ACO* and low *CCO* ($M=3.2$, $SD=2.05$). This was followed by a combination of moderate *ACO* and high *CCO* ($M=1.8$, $SD=1.47$).

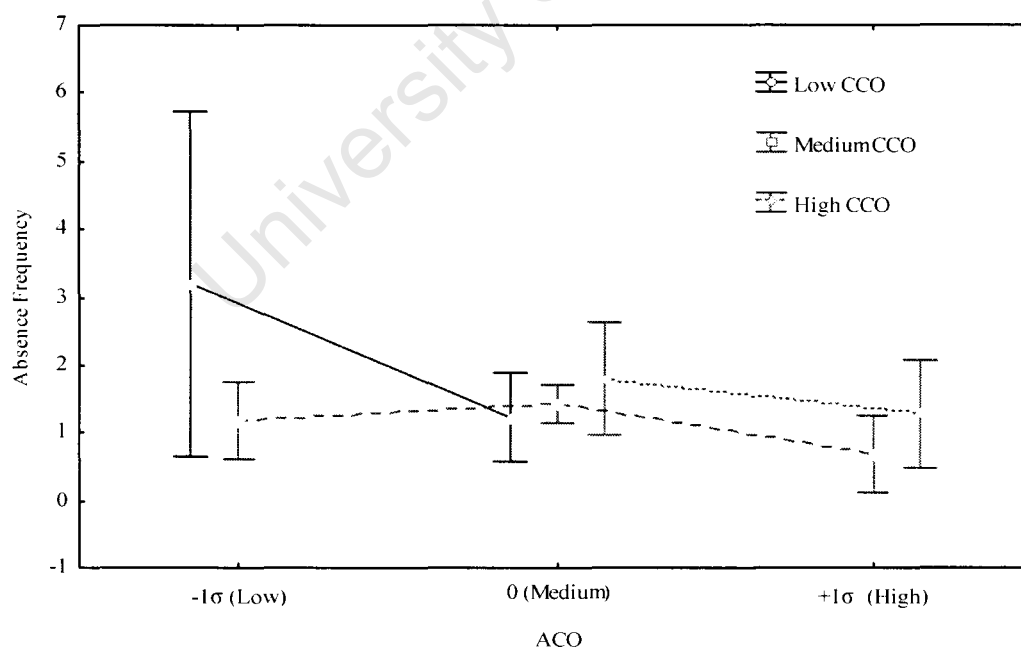


Figure 3. The effects of the interactions between *Affective* and *Continuance* commitment to the organisation on *Absence frequency*.

Figure 4 shows that the highest mean levels of *Voluntary absence* stemmed from the same interaction combination for Absence frequency of *Low ACO* and *Low CCO* ($M=1.25$, $SD=1.89$).

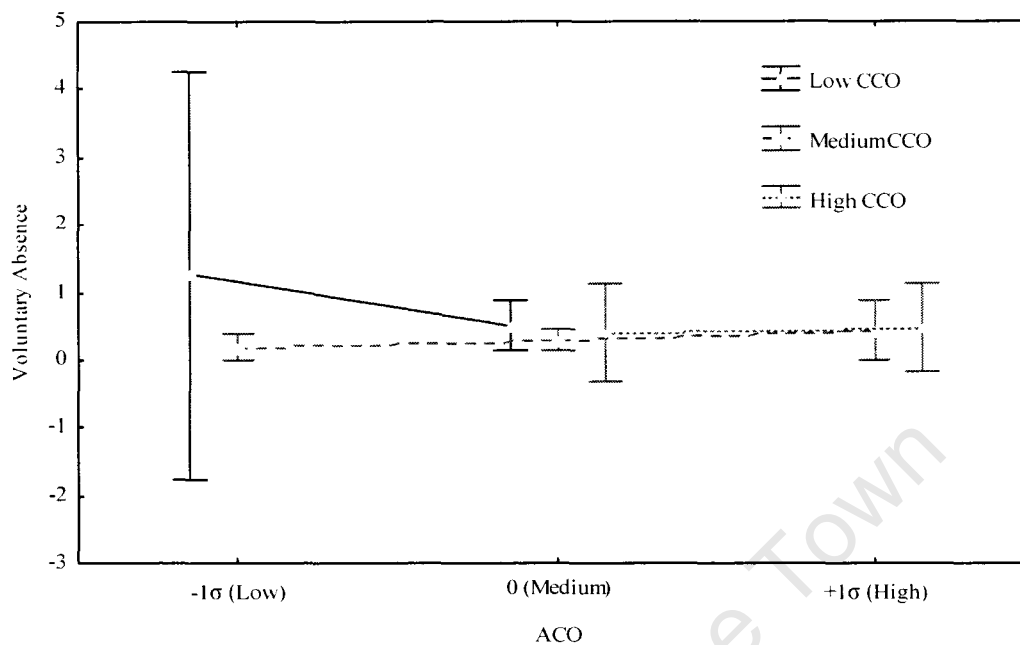


Figure 4. The effects of the interactions between *Affective* and *Continuance* commitment to the organisation on *Voluntary absence*.

Lastly, the three-way interaction between *ACO*, *CCO* and *NCO* showed that the highest mean of *Voluntary absence* was significant where there was a combination of *Low ACO*, *Low CCO* and *Low NCO* ($M=1.67$, $SD=2.08$).

Moderating Variable Analysis

Further hierarchical regression analyses were conducted to establish moderation effects on the absenteeism and commitment relationship. *Job satisfaction*, *Job involvement*, *Career stage* (measured by *Age* and *Professional tenure*), and *Absence culture* (of the profession and the workplace) were analysed to see if their presence explained more of the absence variance than the commitment variables alone. The variables were centered by subtracting the variable mean value from each summary score (Hair et al., 2006). The absence variables were first regressed onto the commitment variables and the moderating variables separately. A cross product of the two scales was then calculated and entered into the regression equation as an interaction term. If the relationship between commitment and

the absence variable were moderated, then a significant change in R^2 would be evident after the second step of the analysis.

Job involvement and *Job satisfaction* did not interact significantly with commitment to explain the variance in absenteeism. *Career stage*, as defined by *Age* and *Professional tenure*, also did not contribute significantly to the variance in absenteeism. Although there were significant group differences reported earlier which had suggested that the means of *Age* and *Professional tenure* groups were significantly different in relation to *Absence frequency*, the *Career stage* variables did not interact with commitment to explain absenteeism.

Absence Culture

Absence culture did not moderate the relationship between absenteeism and ACO, CCO, NCO or ACCW. *The Absence culture* was broken down into the *Absence culture of the workplace* based on perceptions of co-worker absence and the *Absence culture of the profession* based on perceptions of acceptable absenteeism within the nursing profession. The findings presented in **Table 8** show that ACP and the *Absence culture of the profession* interacted to significantly explain 9.2% of the variance in *Days absent* ($\Delta R^2 = 0.019$, $p < .05$), 21.3% of the variance in *Voluntary absence* ($\Delta R^2 = 0.051$, $p < .001$) and 16.6% of variance in *Absence frequency* ($\Delta R^2 = 0.064$, $p < .001$). **Table 9** shows that ACP and *Absence culture of the workplace* interacted to significantly explain 15.5% of the variance in *Voluntary absence* ($\Delta R^2 = 0.040$, $p < .01$) and 19.6% of variance in *Absence frequency* ($\Delta R^2 = 0.022$, $p < .05$).

Table 8*Interactive effects of the Absence culture of the profession and Affective commitment to the profession on Days absent, Voluntary absence and Absence frequency.*

Step		Dependent variables								
		Days absent			Voluntary absence			Absence frequency		
		Beta	R ²	Δ R ²	Beta	R ²	Δ R ²	Beta	R ²	Δ R ²
1	ACP	-0.171*			-0.237***			-0.096		
	Absence culture of the profession	0.182**			0.293***			0.289***		
			0.072	-		0.162	-		0.106	-
2	ACP x Absence culture of the profession	-0.143*	0.092	0.019*	-0.230***	0.213	0.051***	-0.263***	0.166	0.064***

Note. N = 200-204 with casewise deletion of missing values. DV=Days absent (N=204), DV=Voluntary absence (N=203), DV=Absence frequency (N=200)

ACP = Affective commitment to the profession

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 9*Interactive effects of the Absence culture of the workplace and Affective commitment to the profession on Days absent, Voluntary absence and Absence frequency.*

Step		Dependent variables								
		Days absent			Voluntary absence			Absence frequency		
		Beta	R ²	Δ R ²	Beta	R ²	Δ R ²	Beta	R ²	Δ R ²
1	ACP	-0.205**			-0.277***			-0.133*		
	Absence culture of the workplace	0.293***			0.200**			0.393***		
			0.127	-		0.116	-		0.174	-
2	ACP x Absence culture of the workplace	-0.098	0.136	0.009	-0.203**	0.155	0.040**	0.148*	0.196	0.022*

Note. N = 189-196 with casewise deletion of missing values. DV=Days absent (N=196), DV=Voluntary absence (N=195), DV=Absence frequency (N=189)

ACP = Affective commitment to the profession

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

A breakdown analysis revealed the nature of the interactions between the *Absence culture* and *ACP* on absenteeism. Due to the high median of *ACP*, it was not feasible to break down the variables into three categories of low, moderate and high. Instead, the low-level category included all the individual scores that were smaller than the mean value of the overall variable and the high-level category contained all individual scores higher than the mean of the variable. For all cases, absenteeism levels were significantly higher when a nurse had low *ACP* and perceived the level of absence in the workplace and the absence norm of the profession to be high.

Figures 5, 6 and 7 show that the highest mean levels of *Days absent* ($M=2.25$, $SD=1.71$), *Absence frequency* ($M=2.36$, $SD=1.80$), and *Voluntary absence* ($M=0.97$, $SD=1.65$) stemmed from low levels of *ACP* and a perceived high absence norm in the nursing profession.

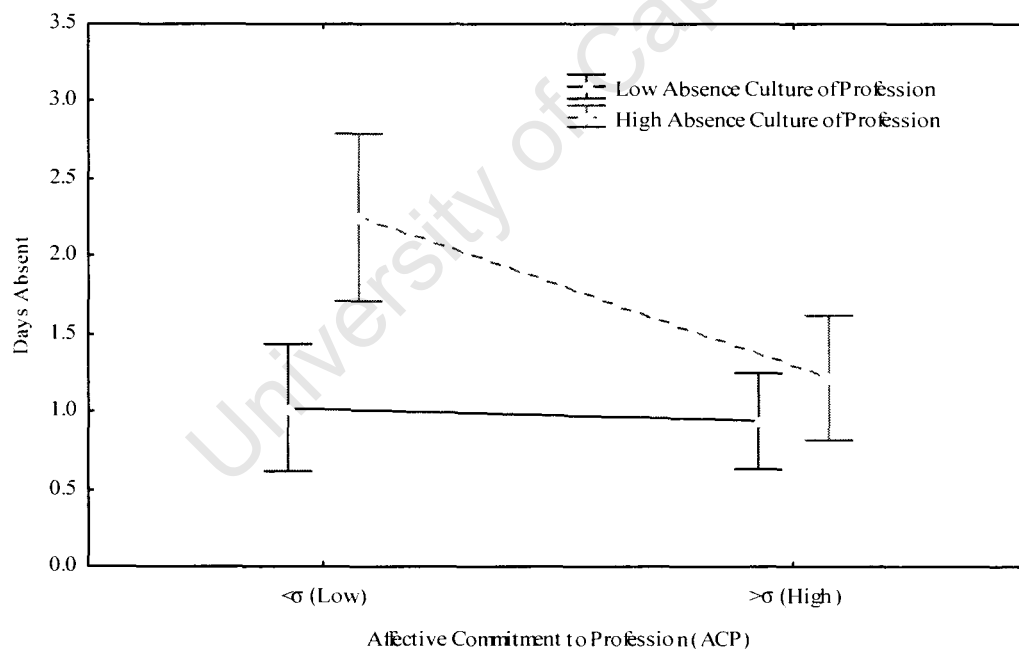


Figure 5. The effects of the *Absence culture of the profession* on the relationship between *Affective commitment to the profession* and *Days absent*.

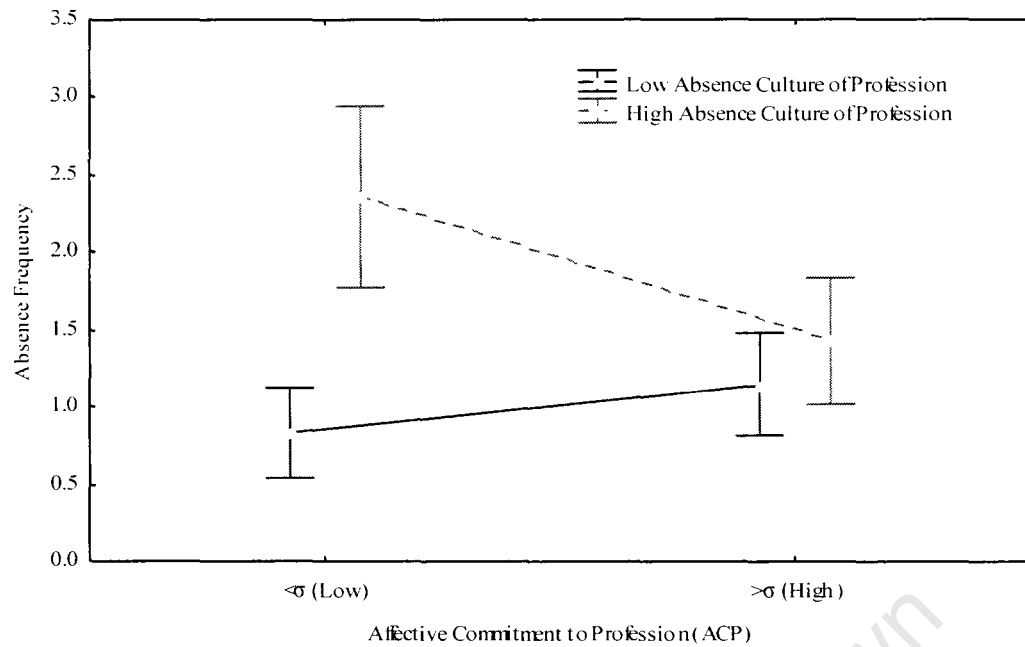


Figure 6. The effects of the *Absence culture of the profession* on the relationship between *Affective commitment to the profession* and *Absence frequency*

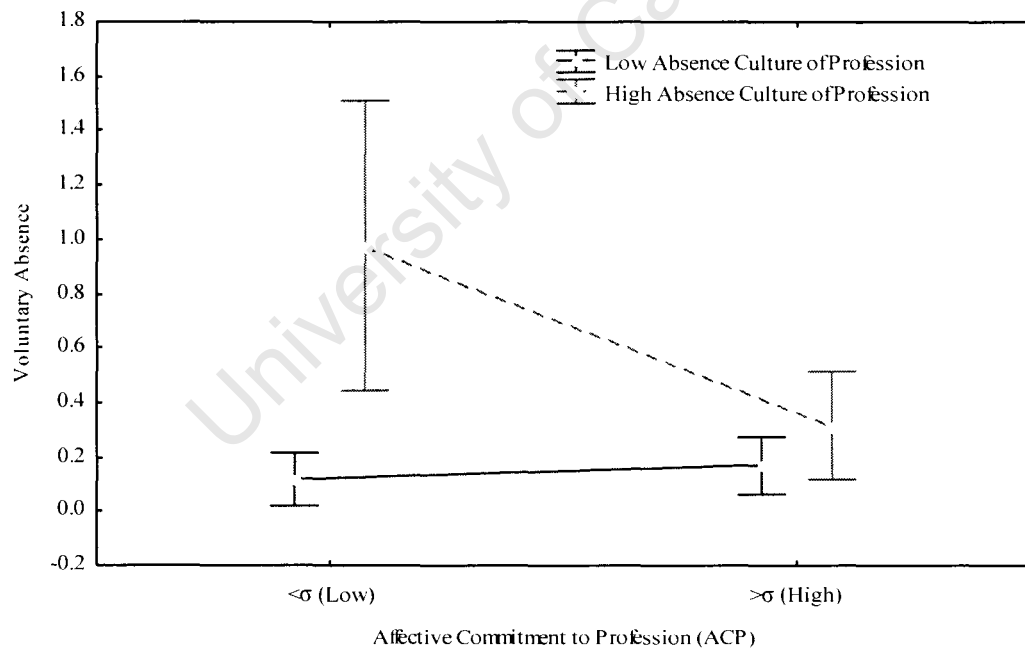


Figure 7. The effects of the *Absence culture of the profession* on the relationship between *Affective commitment to the profession* and *Voluntary absence*.

Figures 8 and 9 show that the highest mean levels of *Absence frequency* ($M=2.59$, $SD=1.91$) and *Voluntary absence* ($M=1.04$, $SD=1.70$) stemmed from low levels of *ACP* and a perceived high absence norm in the workplace.

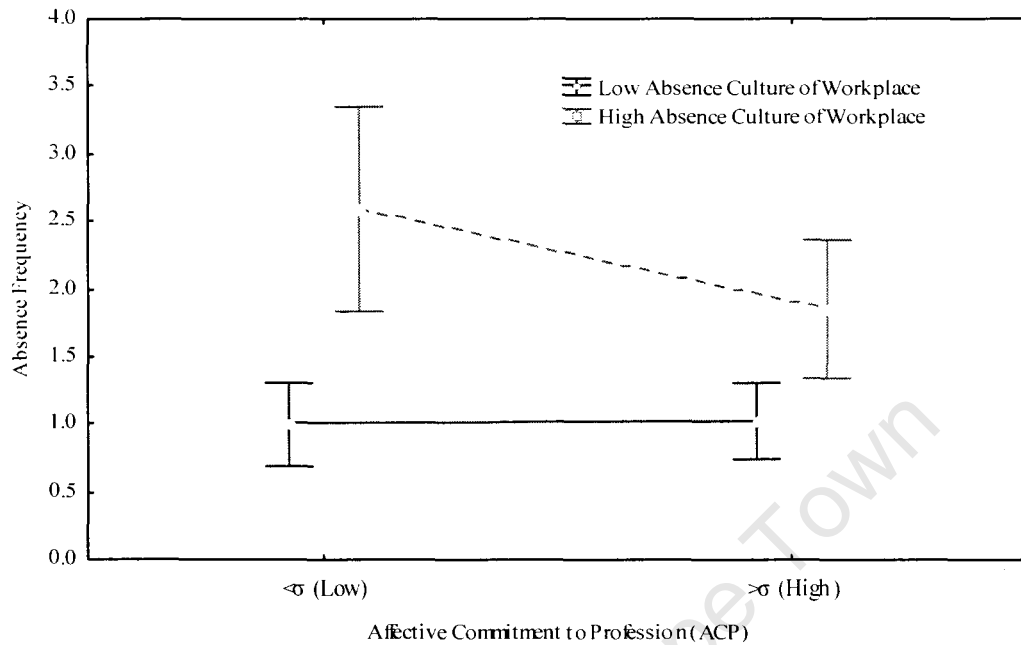


Figure 8. The effects of the *Absence culture of the workplace* on the relationship between *Affective commitment to the profession* and *Absence frequency*.

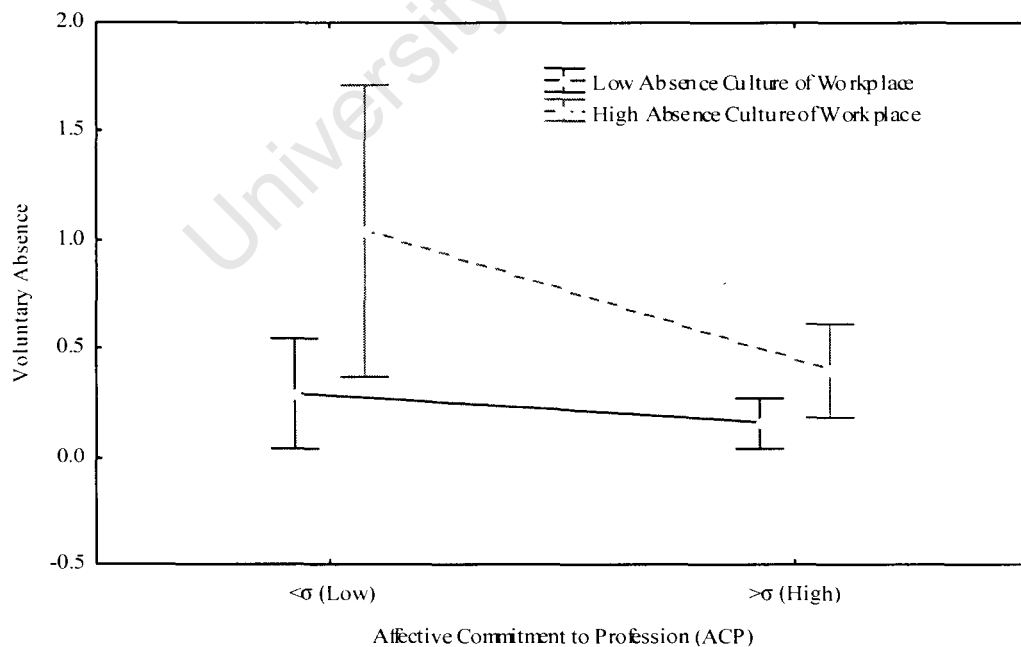


Figure 9. The effects of the *Absence culture of the workplace* on the relationship between *Affective commitment to the profession* and *Voluntary absence*.

From observing the stronger direct effects of the *Absence culture* context on the variance in absenteeism, a final analysis was done to examine this further (See **Table 10**). Step one involved entering the contextual variables *Absence culture of the profession* and *Absence culture of the workplace* against *Days absent*, *Voluntary absence* and *Absence frequency*. The two *Absence culture* dimensions jointly explained 13.7% of the variance in *Days absent*, although only *Absence culture of the workplace* contributed to this variance significantly ($\beta=0.335$, $p<.001$). The *Absence culture* variables explained 12.9% of *Voluntary absence*, with *Absence culture of the profession* ($\beta=0.307$, $p<.001$) being the only significant contributor. For *Absence frequency*, both *Absence culture of the profession* ($\beta=0.164$, $p<.05$) and *Absence culture of the workplace* ($\beta=0.337$, $p<.001$) were significant in explaining 18.4% of the variance. In step two, *ACP* further explained *Days absent* by an additional 3.1% ($\beta=-0.178$, $p<0.01$), *Voluntary absence* by a further 5.6% ($\beta=-0.240$, $p<.001$), but did not significantly contribute to the variance in *Absence frequency* after the *Absence culture* contextual variables had been accounted for.

Table 10*Affective commitment to the profession and Absence culture as predictors of Days absent, Voluntary absence and Absence frequency.*

Step		Dependent variables								
		Days absent			Voluntary absence			Absence frequency		
		Beta	R ²	Δ R ²	Beta	R ²	Δ R ²	Beta	R ²	Δ R ²
1	Context variables		0.137	-		0.129	-		0.184	
	Absence culture of the profession	0.073			0.307***			0.164*		
	Absence culture of the workplace	0.335***			0.101			0.337***		
2	Predictor variable		0.167	0.031**		0.185	0.056***		0.196	0.013
	ACP	-0.178**			-0.240***			0.344***		

Note. N = 188-194 with casewise deletion of missing values. DV=Days absent (N=194). DV=Voluntary absence (N=193). DV=Absence frequency (N=188)

ACP = Affective commitment to the profession

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Summary of Results

Table 11 summarizes the key results of this study in relation to the propositions set out in Chapter 3.

Table 11

Propositions and summary of results

Proposition	Method	Significant Findings	Conclusion
1 <i>Affective commitment to the organisation (ACO) and Normative commitment to the organisation (NCO) have a significant negative relationship to absenteeism.</i>	Correlation Analysis & Hierarchical Regression Analysis	ACO & Days absent ($r=-.18, p<.05$) No significant correlation between NCO & Absenteeism. ACO did not explain significant variance in Days absent	Partially Supported
2 <i>Continuance commitment to the organisation (CCO) has a significant positive relationship to absenteeism.</i>	Correlation Analysis	No significant correlation between CCO & Absenteeism.	Not Supported
3 <i>Affective commitment to co-workers (ACCW) has a significant negative relationship to absenteeism.</i>	Correlation Analysis	No significant correlation between ACCW & Absenteeism.	Not Supported
4 <i>Affective commitment to the profession (ACP) has a significant negative relationship to absenteeism.</i>	Correlation Analysis & Hierarchical Regression Analysis	ACP & Days absent ($r=-.20, p<.05$) ACP & Voluntary absence ($r=-.23, p<.01$) ACP explained significant variance in Days absent ($\Delta R^2 = 0.032, p<.05$) and Voluntary absence ($\Delta R^2 = 0.043, p<.01$)	Supported
5 <i>Affective (ACO), continuance (CCO) and normative (NCO) commitment to the organisation interact in explaining absenteeism.</i>	Hierarchical Regression Analysis & Analysis of Variance (ANOVA)	ACO & CCO interacted to explain Absence frequency ($\beta = 0.189, p<.05$) and Voluntary absence ($\beta = 0.195, p<.05$) ACO, CCO & NCO interacted to explain Voluntary absence ($\Delta R^2 = 0.038, p<.01$)	Supported
6 <i>The relationship between absenteeism and commitment is moderated by Job involvement, Job satisfaction, Career stage and Absence culture.</i>	Hierarchical Regression Analysis & Analysis of Variance (ANOVA)	<i>Absence culture of the profession moderated the relationship between ACP & Days absent ($\Delta R^2 = 0.019, p<.05$), Voluntary absence ($\Delta R^2 = 0.051, p<.001$) & Absence frequency ($\Delta R^2 = 0.064, p<.001$).</i> <i>Absence culture of the workplace moderated the relationship between ACP & Voluntary absence ($\Delta R^2 = 0.040, p<.01$) & Absence frequency ($\Delta R^2 = 0.022, p<.05$).</i> There were no moderation effects of <i>Job involvement, Job satisfaction</i> and <i>Career stage</i> .	Partially Supported

Note. ACO = Affective commitment to the organisation, CCO = Continuance commitment to the organisation, NCO = Normative commitment to the organisation, ACP = Affective commitment to the profession, ACCW = Affective commitment to co-workers.

Conclusion

In this chapter, the quantitative results of the study were reported through descriptive statistics, correlation analysis and hierarchical regression analysis, and the main aim of determining the relationship between absenteeism and commitment was achieved. The chapter also presented effects of the interactions between the organisational commitment variables and the effect of moderating variables on the absenteeism and commitment relationship. The results revealed generally weak relationships between the commitment and absenteeism variables. The following chapter will address these issues through a discussion of the conclusions and limitations of this study, and will conclude with an outline of the contribution of this study to theory and practical understanding, followed by recommendations for future research.

CHAPTER 5: DISCUSSION

The objective of this study was to establish if affective, continuance and normative commitment as directed towards the organisation, co-workers and the profession related to absenteeism among public-sector nurses in the Western Cape. This chapter begins with a discussion of the results of this study in relation to the propositions set out in Chapter 2. In the following sections, the discussion will focus on the contribution of the results to theory and to practical understanding of absenteeism among nurses and will conclude with suggestions for future research.

The Relationship between Absenteeism and Commitment

Five of the developed propositions concerned the nature of the direct relationship between absenteeism and commitment. A discussion of the support found for these propositions follows.

Commitment to the Organisation

Although *Affective commitment to the organisation (ACO)* correlated negatively with *Days absent*, neither *ACO*, *Continuance commitment to the organisation (CCO)*, or *Normative commitment to the organisation (NCO)* had a significant direct predictive relationship with any of the absenteeism variables. Therefore, **Propositions 1 and 2** regarding *ACO*, *CCO* and *NCO*'s direct relationship to absenteeism were not supported in this study. This finding is not unique, as a number of researchers have previously found no relationship between absenteeism and commitment (Angle & Perry, 1981; Brooke & Price, 1989; Geurts et al., 1999; Randall et al., 1990).

However, the value of organisational commitment in explaining absenteeism was noted through significant two and three-way interactions of *ACO*, *CCO* and *NCO*, which provided support for **Proposition 5**. For the two-way interactions, combinations of low *ACO* and low *CCO* were associated with the highest means of *Absence frequency* and *Voluntary absence*, also indicating a negative relationship between the absenteeism and the commitment

interactions. The similarity of these results to each other are interesting in that researchers often consider the frequency of absence to reflect *Voluntary absence*, as this absence involves a choice of the employee of whether to attend work or not (Blau, 1986; Blau & Boal, 1987; Brooke & Price, 1989; Gellatly, 1995; Geurts et al., 1999; Johns, 1994b; Somers, 1995).

Sinclair, Tucker, Cullen and Wright (2005) proposed a framework of commitment profiles based on different levels of *ACO* and *CCO* that can assist in the understanding of employee work behaviour. The authors described employees with low *ACO* and low *CCO* as 'uncommitted', and explained that these employees would have the least desirable employment relationship with the organisation out of all the proposed commitment profiles. Employees fitting this profile would likely to be associated with higher levels of absenteeism, as they would feel no particular desire to be a part of the organisation, feel no need to continue working there and could be quite alienated from the organisation. The authors further suggested that the 'uncommitted' employee would not often be observable in an organisational setting, as these employees would most likely self-select out of the organisation as soon as possible. Although this commitment profile related to the highest levels of absenteeism among the sample of public sector nurses in the Western Cape, only 2.5% of the nurses in the sample were categorized as 'uncommitted'.

Nurses with high *CCO* and moderate *ACO* explained the next highest mean level of *Absence frequency*, which provides some support for previous findings that high levels of *CCO* may not lead to positive work outcomes (Burton et al., 2002; Somers & Birnbaum, 2000). Sinclair et al.'s (2005) framework of commitment profiles described employees with high *CCO* and moderate *ACO* as 'invested'. The moderate levels of *ACO* mean that these employees may be emotionally attached to the organisation, but do not have such a strong intrinsic bond with the organisation as those with high levels of *ACO*. The 'invested' nurses in this study with high *CCO* levels may be more motivated by financial or security needs and therefore have a strong need to remain with the organisation. However, Angle and Perry (1981) argued that a strong need to

remain with the organisation does not necessarily mean that the employee will be dependable, hard working and engage in positive on-the-job behaviours. More recently, researchers have proposed that an employee with high *CCO*, but low levels of *ACO* and *NCO*, is as undesirable as an employee with a profile characterised by low levels of all the commitment components, as these employees will only undertake minimal job requirements to maintain organisational membership (Meyer & Herscovitch, 2001; Wasti, 2005). This study's findings are similar to Somers' (1995) research where there were also no strong direct effects of *ACO*, *CCO* and *NCO* on absenteeism among hospital nurses. However, the author did find significant two-way interactions with high levels of *CCO* and moderate to low levels of *ACO* explaining increased *Absence frequency*. Although both Somers' findings and this study's results showed modest relationships, there are indications that commitment interactions are perhaps more useful in explaining the nature of commitment and its effects on absenteeism, than by observing just the single direct effects of *ACO*, *CCO* and *NCO*.

This study also revealed an interesting three-way interaction between *ACO*, *CCO* and *NCO*, which was significant in explaining *Voluntary absence* behaviour. This finding suggests that all three components of commitment to the organisation do play a role in understanding absenteeism. Although there is little research into three-way commitment interactions, these findings supported Meyer and Herscovitch's (2001) proposition that a profile characterized by low levels of all three types of commitment would result in the lowest likelihood of positive work behaviour. A low level of *ACO*, *CCO* and *NCO* means that the employee is not committed to the organisation in any way, and has no need, desire or moral obligation to be a part of the organisation on a daily basis. Wasti (2005) further termed this profile as 'non-committed' and found that these employees demonstrated more undesirable work behaviours compared to all other types of commitment profiles. The findings in this study suggest that it is desirable for nurses to have moderate to high levels of some form of commitment to the organisation, as no commitment at all results in the highest likelihood of nurses choosing to be absent from work due to no need, desire or feelings of obligation to attend.

It is clear that by understanding the interactions between commitment forms yields different results to studying each commitment form in isolation. More research is suggested to study the interactions between the components of commitment and their effects on absenteeism, to assist in the development of 'commitment profiles' that differentiate employees who are likely show higher or lower levels of absenteeism.

Commitment to Co-workers

As *Affective commitment to co-workers (ACCW)* did not relate to absenteeism in this study, **Proposition 3** was not supported. Vandenberghe et al. (2004) also found that commitment to co-workers in the work group had no direct effect on work outcomes such as absenteeism and turnover among a sample of hospital nurses. However, he did find workgroup commitment to have indirect effects on some work outcomes such as turnover, and suggested that it is still important to identify this focus of commitment. The mean level of *ACCW* in this study did prove to be higher than the mean levels for *ACO*, *CCO* or *NCO*, suggesting that the nurses do have stronger commitments to their co-workers than they do to the organisation in which they work. Riketta and Van Dick's (2005) meta-analysis of 40 studies also found that on average co-worker commitment within a workgroup was stronger than organisational commitment. It may be that the nurses in this study are strongly committed to their co-workers, but that this focus of commitment is not as important as other factors for understanding their absenteeism. This finding is interesting as it was expected that with the staff shortages in the public hospitals, the high *Affective commitment to co-workers (ACCW)* would lead to more consideration of the additional strain and workload that absenteeism placed on co-workers. Riketta and Van Dick also found that commitment to co-workers in the workgroup would only help explain attitudes and behaviour directly relevant to that immediate workgroup, such as team climate perceptions or satisfaction with co-workers. Absenteeism from the organisation is perhaps more closely related to the organisation as a whole, rather than being a direct workgroup-related behaviour, which could explain why this study found no significant relationship between *ACCW* and absenteeism. If this is the case, improving

an organisation-related variable, such as absenteeism, is not likely to be achieved with a focus of Human Resources interventions on a team or workgroup level.

Commitment to the Nursing Profession

In support of **Proposition 4**, *Affective commitment to the profession (ACP)* had a weak negative relationship to *Days absent* and *Voluntary absence*, and proved to be the only commitment variable significant in directly explaining absenteeism among nurses in the Western Cape. The descriptive statistics also showed that mean level of *ACP* among the sample was significantly higher than any other form of commitment studied. These results suggest that public sector nurses in the Western Cape feel highly committed to the nursing profession and its related values and that this commitment partially influences their choice to attend work. No similar findings were apparent in the literature pertaining to the absenteeism and commitment relationship, which limited the ideas to explain the result of this study. One possible explanation of the finding concerns the severe staff shortages, low compensation and suggested poor and risky working conditions in the public hospitals in the Western Cape, which would undoubtedly lower the incentives to pursue and remain in a nursing career (DENOSA, 2004). It therefore makes sense that people who choose to become nurses are doing so for reasons beyond the contextual factors related to the profession, and may choose the occupation due to identification with the values and ideals of the nursing profession. Another possible suggestion is that there may be a strong need to identify with the nursing profession as a means of self-justifying the choice of working under these strained organisational and job conditions, and ultimately to justify to themselves their choice in attending work every day. Those nurses who have not developed a strong sense of *ACP* may find it more difficult to justify working in poor conditions and are less likely to find reason for attending work on a regular basis, and therefore engage in higher levels of absenteeism.

Cohen (1998) suggested that it is particularly important to understand the effects of *ACP* when the sample comprises of employees in professional occupations, which he based on his finding that nurse's commitment to their

occupation strongly related to their work behaviour. Although he found that turnover and withdrawal intentions of nurses related to *ACP*, absenteeism did not. This is in contrast to the findings of this study. However, Reilly and Orsak (1991) found *ACP* to be an important commitment focus for nurses, with suggestion that nurses who agree with the ideals and values expressed by the nursing profession, would be more motivated to work toward maintaining those ideals. Although affective commitment is the most common commitment form to relate significantly to absenteeism in past research using a sample of nurses (Cohen, 1998; Gellatly, 1995; Larson & Fukami, 1985; Mowday et al., 1979; Somers, 1995; Taunton et al., 1995), these studies have observed its effects with only the organisation as the focus of commitment, with very few researching other foci of affective commitment, such as the nursing profession. The significant finding of high levels of *ACP* among the nurses in this sample and its relationship with absenteeism indicates that the nurses' emotional attachment and bond with their profession affects their attendance behaviour. Although *ACP*'s relationship with absenteeism was modest, the effects of *ACP* on absenteeism have not been widely studied and should be included in future research.

The Effect of Moderating Variables on the Absenteeism-Commitment Relationship

From examination of possible moderating variables on the absenteeism-commitment relationship, the proposed moderators of *Job satisfaction*, *Job involvement* and *Career Stage* had no effect on the relationship between absenteeism and commitment. However, the *Absence culture of the profession* and the *workplace* assisted in explaining *ACP*'s relationship with absenteeism, providing partial support for **Proposition 6**.

Job Satisfaction and Job Involvement

The findings in this study support Brooke and Price's (1989) findings that *Job satisfaction* does not moderate the relationship between absenteeism and commitment. Eby et al. (1999), in a meta-analysis of 19 studies, suggested that strong correlations often found between commitment and *Job satisfaction*

can limit the observable moderation effects. *Job satisfaction* had significant positive correlations with *ACO*, *NCO*, *ACP* and *ACCW*. Although these correlations were quite modest, they do suggest that the moderation results may not reveal the true complexity of *Job satisfaction's* influence on the absenteeism-commitment relationship.

Previous research has consistently found that those employees with low *ACO* and high *Job involvement* engaged in the greatest absence behaviour (Blau, 1986; Cohen, 1998; Mathieu & Kohler, 1990b). In this study, there was a high mean level of *Job involvement*, but the variable had no significant interactions with commitment to explain absenteeism among the nurses. However, earlier research has showed quite modest findings regarding *ACO* and *Job involvement's* interaction to explain absenteeism, with the interaction only explaining 4.9% of the absence behaviour in Mathieu and Kohler's study. The weak direct effects of commitment in relation to absenteeism in this study may have influenced the lack of significant findings regarding *Job involvement's* moderating effect on the absenteeism-commitment relationship. However, *Job involvement* also had significant positive correlations with *ACO*, *NCO*, *ACP* and *ACCW* and most interestingly had a very high positive correlation with *Job satisfaction* ($r=.70, p<.01$). The moderation effects of both *Job satisfaction* and *Job involvement* are possibly limited in this study due to the questionable independence of these job-related attitudes and their strong correlations with the commitment variables.

Career Stage

This study did not support the contention that *Career stage*, as measured by *Age* and *Professional tenure*, is a significant moderator of the absenteeism-commitment relationship. This is in contrast to Cohen's (1991) meta-analysis where he found that the relationship between commitment and absenteeism was strongest for those in late-career stage. Reilly and Orsak (1991) also found levels of *CCO* and *NCO* higher in older nurses and those in late *Career stage*. In this study, commitment levels did not significantly differ across career stages.

Gellatly's (1995) study noted that older employees with high levels of *CCO* had lower levels of *Absence frequency*. Although there were no differences in levels of commitment for different career stages, there was evidence that *Career stage* may influence absenteeism directly, as there were differences noted in the levels of *Absence frequency* across different age groups and years in the profession. Younger nurses in early or mid career stages had higher levels of *Absence frequency* than nurses did who were either over 44 years of age or who had been in the nursing profession for a longer time, supporting the idea that older nurses who have a longer professional tenure will be absent less frequently than their younger counterparts will. These findings are consistent with the results of Martocchio's (1989) meta-analysis on 34 samples. The author explained, with reference to Super's 1957 career-stage theory, that older employees have developed a greater degree of responsibility and work ethic, while younger employees may be absent more frequently due to role conflict or uncertainty over what is a suitable work role for them.

Absence Culture

The results from this study support Johns' (1994b) contention that employees tend to underestimate their own absence and overestimate the absence of others, which then promotes increased absenteeism. Perceived co-worker absence ratings were much higher than the means for personal absence behaviour. The nurses in this study may have perceptions that the normal absence behaviour in their workplace is higher than it really is, or they are possibly underreporting their own absence. In any case, the acceptable absence rate within the workplace and within the nursing profession is elevated, which is suggested as promoting individual absence-taking (Gellatly & Luchak, 1998).

Gellatly (1995) found that the *Absence culture* in a hospital context affected the form of the absenteeism-commitment relationship, where employees with high *CCO* and who had an increased awareness of the *Absence culture of the workplace* were more likely to engage in higher levels of *Voluntary absence*. These employees with high levels of *CCO* also believed the absence norm of the workplace to be higher and were more likely to be absent. However, the

Absence culture of the profession and the workplace in this study had no effect on the relationship between *CCO* and absenteeism. *Absence culture of the profession and the workplace* only showed a significant effect on the relationship between absenteeism and *ACP*. This interaction explained a larger proportion of variance in *Voluntary absence* and *Absence frequency*, than it did for *Days absent* or *Involuntary absence*. As mentioned earlier, this is interesting as researchers consider *Voluntary absence* and *Absence frequency* to reflect volitional absence behaviour (Blau, 1986; Blau & Boal, 1987; Brooke & Price, 1989; Gellatly, 1995; Geurts et al., 1999; Johns, 1994b; Somers, 1995). The *ACP-Absence culture* interaction has a more significant effect on absence behaviour that employees are in control of, which suggests that levels of *ACP* and the *Absence culture of the profession and the workplace* are important considerations in their possible ability to affect the employee's choice of whether to attend work.

Another interesting observation was the nature of the effect of *Absence culture* on the *ACP-absenteeism* relationship. Regardless of how absenteeism was measured, the highest levels of absenteeism among the nurses in the sample was evident through a combination of low *ACP* and a perception of high absence levels within the workplace and a high acceptable absence norm within the nursing profession. When there were perceptions of a high absence norm within the workplace and profession, personal absenteeism increased as the levels of *ACP* declined. There were no findings in the literature of significant effects of the *Absence culture* on the *ACP-absenteeism* relationship. A possible explanation for the findings in this study relates to the suggestion that nurses with high *ACP* are likely to share and identify with the values of the nursing profession, believe in being available to provide ongoing critical care and support for patients and be proud of their role and professional status as a nurse. The nurses in this study who have high *ACP*, but who also perceive a high absence norm within the workplace or the nursing profession, may view the high absenteeism as a betrayal of the values of the profession and a deviant behaviour tarnishing the reputation of the nurses in South Africa. Nurses who have low levels of *ACP* may instead be more aware of the *Absence culture of the profession and the workplace* and view the high

absence norm as an acceptable opportunity to stay away from work without disciplinary sanctions and with no harm to their personal values and beliefs.

Another consideration was the observation of the significant direct effects of the *Absence culture* to explain absenteeism. Mathieu and Kohler (1990a) suggested that the social context of the organisation directly influences absenteeism. This was investigated further to establish the combined direct effects of the *Absence culture of the profession* and the *workplace* to explain absenteeism, and then to identify whether *ACP* actually contributed significantly after controlling for these contextual factors. The *Absence culture* explained between 12.9% and 18.4% of the variance in absenteeism and *ACP* then contributed an additional 3-5% to help explain the variance in *Days absent* and *Voluntary absence*. However, with at least 80% of the variance in absenteeism not explained by either the *Absence culture* or *ACP*, there is questionable practical significance of these findings.

Contribution of this Study

There has been no research conducted in South Africa on the relationship between absenteeism and commitment using the affective, continuance and normative components of commitment as directed to different foci. Understanding the nature of the relationship between absenteeism and commitment in a South African nursing context contributes to theory and has practical implications that may assist public hospitals in the Western Cape Metro District Health System in their view and assumptions regarding absenteeism problems among nurses.

Contribution to Theory

The way in which absenteeism and commitment had been conceptualized and measured could explain the weak relationship findings between absenteeism and commitment in previous research (Randall et al., 1990). This study attempted to address these problems in the following ways:

Commitment as multi-dimensional.

This study has highlighted some interesting ideas concerning the relationship between absenteeism and commitment, which researchers should focus on exploring in the future. Firstly, despite the weak findings of the effects of commitment on absenteeism, researchers should not ignore commitment's role in explaining absenteeism. It proved to be very valuable to use a multidimensional conceptualisation of commitment, as each form of commitment directed at a particular focus had its own relationship with absenteeism. The effect of *ACP* in relation to absenteeism among public sector nurses is particularly interesting. There is limited research connecting professional commitment to work outcomes, but this study has suggested that it is the most significant contributing commitment form to explain absenteeism among public sector nurses in the Western Cape.

The interactions between the organisational commitment components was also very useful, as without these findings, *ACO*, *CCO* and *NCO* would have played no role in explaining absenteeism in this study. These findings of interactions between *ACO*, *CCO* and *NCO* suggest that specific levels of each commitment form can interact to influence absenteeism.

The value of absenteeism measures.

The study supported the usefulness of distinguishing between different types of absence behaviours in the nursing profession, based on the finding that commitment forms and foci have differential relationships with various conceptualizations of absenteeism. *Absence frequency* and *Voluntary absence* showed the strongest and similar effects in their relationship to commitment, which supported the idea that *Absence frequency* reflects *Voluntary absence* (Blau, 1986; Brooke & Price, 1989; Gellatly, 1995; Geurts et al., 1999; Johns, 1994b; Somers, 1995). *Days absent* was not as useful in the analysis as *Absence frequency* and *Voluntary absence*, and showed some similarities to *Involuntary absence* in its relationship to commitment. *Days absent* and *Involuntary absence* were highly positively correlated ($r = .86, p < .01$),

implying that they reflect a similar absence behaviour. To manage high absenteeism, the interest is regarding absence for voluntary reasons of personal choice, rather than a focus on absence that is out of the control of the employee due to medical or other involuntary reasons. This study therefore highlighted the importance of identifying the voluntary or involuntary nature of absenteeism and the finding that *Absence frequency* is a more useful measure of *Voluntary* absenteeism than using just a measurement of absence duration.

The importance of absenteeism data sources.

The positive skewed absenteeism data indicated possible underreporting of absenteeism in this study (Baba, 1990). This skewed absenteeism data may have limited the strength of possible significant relationships. Although Johns (1994b) found that self-report measures are reasonably valid measures of actual absenteeism, it is felt that there would have been stronger relationships in this study had there not been a sole reliance on self-report absenteeism data. Unfortunately, organisational records of absenteeism were not available as there are no centralised records on absenteeism for clinics across the Western Cape.

The weak results in this study may be attributable to possible bias in the self-reported absenteeism methods. Brooke and Price (1989) also relied solely on a self-report measure and believed that this resulted in finding no relationship between absenteeism and commitment. However, Cohen (1998) found significant correlations while using only self-reported absenteeism data, but as in this study, the relationships found were weak. He suggested that the usefulness and validity of self-report measures is dependent on the motivation of the particular sample. Although there was an emphasis in the instructions that the responses were completely anonymous and confidential, many participants in this study may still have been cautious of reporting actual voluntary absenteeism levels. With 77% of the sample responding that they had not been absent from work voluntarily for any days during the last five months, the participants may not have wanted to admit

voluntary absence due to an unwarranted fear of identification from a mistrust of the researcher or the research process. As the Western Cape Metro District Health System regards absenteeism as a 'problem' behaviour causing massive disruption to this critical service, self-serving bias may have contributed to nurses underreporting their own absence to avoid association with this socially undesirable work outcome (Johns, 1994b).

As suggested by Sagie (1998), all absenteeism questions in this study focused on a more immediate time period of 5 months, to limit bias due to memory problems. In addition, there were no requirements for the participants to remember dates of absence, and they were only required to report on duration, frequency and recall if they had a choice regarding their absence. However, Harrison and Martocchio (1998) noted that attribution bias may result when the researchers expect individuals to attribute their own causes to their behaviour, with employees tending to attribute past absences to external or involuntary causes out of their control. Attribution bias may have been a problem with the self-report data in this study, indicated by the mean of self-reported *Involuntary absence* ($M=1.01$, $SD=1.32$) compared to the much lower mean level of self-reported *Voluntary absence* ($M=0.33$, $SD=0.89$).

There is also the possibility that the absenteeism reported is a true account of the situation within the Western Cape public health sector. This does however seem unlikely due to personal reports from the Employee Assistance Programme staff and the clinic Facility Managers of excessive daily staff shortages, primarily due to nurses not attending work. In addition, the norm in this study seemed to be for the nurses to report higher absence within the workplace, but not to associate their own absence as being problematic or contributing to these high levels. Unfortunately, as organisational records were not available to correlate with the self-report data obtained, it cannot be said with certainty that the data is not an accurate reflection of absenteeism levels among nurses in the Western Cape.

Practical Implications

Although this study revealed weak relationships, the findings still suggest that commitment levels of the nurses in the Western Cape influence absenteeism. The most significant contribution to the understanding this absenteeism is through the direct effects of *ACP* and the through the interaction of *ACP* with the *Absence culture*. The enhancement of *ACP* in nurses may produce individual and organisational benefits, such as positive work behaviour and increased attendance. The Western Cape Metro District Health System should initiate Human Resources interventions and policies aimed at fostering *ACP*, such as extensive career planning and guidance and through incentives for participation in professional activities, training and workshops (Cohen, 1998).

The *Absence culture* regarding the perceptions of absence norms in the workplace and in the nursing profession are also important areas to manage in attempts to encourage lower absenteeism levels among Western Cape public nurses. More stringent absence management policies and sanctions for high levels of absenteeism may assist in changing the perception that high voluntary absenteeism is accepted and without punishment. Incentives for attendance are another option for the Western Cape Metro District Health System to consider in an attempt to discourage absenteeism and decrease the perceived level of acceptable absence. This type of positive reinforcement or reward may be more effective in changing the attitudes of the nurses and researchers have previously found its practice to increase attendance rates in organisations substantially (Bennett, 2002).

Recommendations for Future Research

Recommendations for future research are made in light of the limitations and unique findings of this study.

Measurement of Absenteeism

Future researchers should identify the voluntary or involuntary nature of absenteeism, as this was shown to be very important in this study as each type of absenteeism related differently to commitment. They should also

remain aware that a measurement of total days absent over a period may not accurately reflect *Voluntary absence* and that a measure of *Absence frequency* is more likely to assess the more 'problematic' absenteeism.

Future researchers should also attempt to source absenteeism data through both self-report measures and organisational data. Self-report data is still useful to provide interesting information regarding reasons for absence, and organisational records can also be inaccurate and biased (Mathieu & Kohler, 1990b). However, one can measure the validity of the overall absenteeism data by correlating information obtained from the organisation and from the employees themselves (Blau, 1986; Gaziel, 2004; Ivancevich, 1985; Sagie, 1998; Timmins & Kaliszer, 2002).

Research Design

This study used a cross-sectional research design that measured the commitment of the nurses at a particular point in time in relation to absenteeism. A longitudinal research design studying commitment in relation to absenteeism over an extended period may have resulted in different findings (Johns, 1994b). However, longitudinal studies require considerable time and effort, which was not possible due to the constraints of the thesis deadlines. Future researchers should consider studying absenteeism and commitment levels among nurses at different points to assess the effects on absenteeism levels by the changes in commitment over time.

Theoretical Areas of Focus

This study used a multi-dimensional and multiple foci conceptualization of commitment, which proved to be crucial in understanding how different forms of commitment have different effects on absenteeism. Researchers should continue to distinguish between the different forms and foci of commitment. There should be a particular focus to establish *ACP's* significance in explaining absenteeism in other settings and professions.

In addition, continued research to understand the effects of commitment interactions on absenteeism and the development of commitment profiles is

encouraged, as this knowledge will add to the understanding of employees most likely to engage in voluntary absenteeism. This study considered the interactions between the organisational commitment components, as has been done in previous research (Randall et al., 1990; Somers, 1995). Future studies could explore the possibilities of interactions between different foci of commitment, such as the interaction between affective commitments directed at different foci.

Another future consideration for research is the social context within which absenteeism takes place. This study's findings suggested the importance of the *Absence culture of the workplace* and *the profession* to understand absenteeism directly or through their interactions with commitment. Randall (1990) proposed that it may be useful to pay attention to particular contextual factors as different organisations and organisational units develop different stances and cultures towards work-related behaviours such as absenteeism. The findings of this study may be more contextually bound than previously realised, due to the particular *Absence culture* and stance towards absenteeism in the South African nursing profession and the Western Cape public clinics and hospitals. Researchers should investigate different organisational settings, industries and professions to establish susceptibility or tendencies towards absence cultures encouraging high absenteeism.

Conclusion

This dissertation aimed to further our understanding of the role of commitment in explaining absenteeism among public sector nurses. The results indicate that it is important to distinguish between different forms of commitment directed at direct foci, such as the organisation, co-workers and the profession, as they each have different relationships with various forms of absenteeism behaviour. However, absenteeism is clearly the result of multiple factors, as commitment explained only a small percentage of the behaviour. More research is required to consider commitment in conjunction with the many other personal and organisational factors that assist in our understanding of the complexity of absenteeism.

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APPENDIX A: ORIGINAL SCALES

Note: These scales (Bagrami, 2005) were measured on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Affective commitment to the organisation (ACO)

ACO1: I feel as if this organisation's problems are my own

ACO2: I feel a strong sense of "belonging" to this organisation

ACO3: I feel "emotionally attached" to this organisation

ACO4: I feel like "part of the family" at this organisation

ACO5: This organisation has a great deal of personal meaning for me

Continuance commitment to the organisation (CCO)

CCO1: Right now, leaving this organisation would involve making many sacrifices

CCO2: It would be very costly for me to leave this organisation right now

CCO3: Too much of my life would be disrupted if I decided that I wanted to leave this organisation now

CCO4: I would not leave this organisation right now because of what I would stand to lose

CCO5: For me personally, the cost of leaving this organisation would be far greater than the benefit

Normative commitment to the organisation (NCO)

NCO1: I feel a sense of obligation to remain with my current employer

NCO2: Even if it were to my advantage, I do not feel it would be right to leave my organisation now

NCO3: I would feel guilty if I left my organisation now

NCO4: I would not leave this organisation right now because I have a sense of obligation to the people in it

NCO5: I would violate a trust if I quit my job with this organisation now

Affective commitment to the profession (ACP)

ACP1: I care about the future of the nursing profession

ACP2: I am proud to tell others that I am part of the nursing profession

ACP3: I am dedicated to the nursing profession

ACP4: Being a nursing professionals has a great deal of personal meaning for me

ACP5: I feel a strong sense of “belonging” to the nursing profession

ACP6: I feel a strong calling to be a nurse

Affective commitment to co-workers (ACCW)

ACCW1: I really feel as if their problems are my own

ACCW2: I feel a strong sense of belongingness with them

ACCW3: I feel an emotional attachment to them

ACCW4: With them, I feel like “part of the family”

Job satisfaction

JS1: I get a great deal of personal satisfaction from the work that I do

JS2: I like the tasks that I perform at work

JS3: My job is personally very rewarding

JS4: The work I do on my job is meaningful to me

Job involvement

Jl1: My job is something I feel very involved in

Jl2: My job is an important part of my life

Jl3: My job is important to me