

**Deanship of Graduate Studies
Al-Quds University**



**Factors Contributing to Absenteeism of nurses in
Southern west Bank Hospitals**

M. Sc. Thesis

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**Factors Contributing to Absenteeism of nurses in Southern west
Bank Hospitals**

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Dedication

This work is dedicated to my beautiful family; to my mother, whose love and strength inspire me every day; to my siblings, for their unwavering support and companionship; to my father, whose memory guides me; and my precious daughter Daleen, who brings joy and light to my life, their encouragement has been vital in helping me achieve my dreams. This accomplishment is a testament to all of you—thank you for walking this path with me.

Ghada Abu Sharkh

Declaration

I certify that this thesis which is submitted to the Deanship of Graduate Studies to get the degree of master in on filed Nursing Management, this is my own research and my own work and it doesn't submit to any other universities or any institutions.

Signed: 

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Date: 21.8.2025

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Ghada Abu Sharkh

Abstract

Background: Nurse absenteeism poses a significant difficulty for healthcare systems globally. With regards to Southern west Bank hospitals in Palestine, this problem is exacerbated by socioeconomic, organizational, and personal stressors. High rates of absenteeism undermine healthcare delivery, increase burnout, decrease patient satisfaction, and create chronic operational inefficiencies.

Method: A descriptive cross-sectional study was performed in governmental and non-governmental hospitals within the Southern west Bank area, including Hebron and Bethlehem districts. The study was conducted over a six-month period, encompassing preparation, pilot testing, data collection, and analysis phases. A structured questionnaire was given to a convenience sample of 330 nurses. Data were analyzed using descriptive and inferential statistics, reliability measures (Cronbach's Alpha), along with tests to explore relationships between absenteeism and demographic, organizational, and work-related factors.

Results: Among the 330 nurses surveyed across both governmental and non-governmental health facilities in the Hebron and Bethlehem regions, 62.7% identified personal variables—specifically inadequate motivation, ongoing financial pressures, and persistent difficulties in securing reliable transportation—as prominent predictors of absenteeism. A slightly larger proportion, 71.5%, attributed the phenomenon primarily to work-context factors, whereby the cumulative daily and weekly workload, and lack of flexibility in shift arrangements ranked highest. Organizational determinants were emphasized by 68.2% of the cohort, naming persistent short-staffing, perceived scarcity of career advancement pathways, and the absence of structured performance-related rewards. Inferential statistical examinations did not reveal meaningful disparities in absenteeism perceptions across demographic categories, as determined by p-values exceeding 0.05, implying a widespread prevalence of the absenteeism construct independent of sex, chronological age, or cumulative professional tenure.

Conclusion: The absenteeism of nurses within Southern west Bank hospitals stems from a blend of individual, occupational, and systemic influences. Tailored strategies targeted towards motivating staff, financial incentives, appropriate staffing levels, and overall work conditions are crucial. To improve retention rates among nurses, alongside enhancing the overall quality of healthcare services, evidence-based policy interventions aimed at reducing absenteeism are imperative.

Key words: Nurse absenteeism, Southwest Bank, work-related stress, hospital staffing, organizational factors, nurse motivation

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List of Abbreviations

Abbreviation	Full Term
ICU	Intensive Care Unit
WLB	Work-Life Balance
WHO	World Health Organization
SPSS	Statistical Package for the Social Sciences
SD	Standard Deviation
M.Sc.	Master of Science
B.Sc.	Bachelor of Science
RNs	Registered Nurses
MOH	Ministry of Health
COVID-19	Coronavirus Disease 2019
HR	Human Resources
ANOVA	Analysis of Variance
IRB	Institutional Review Board
QOL	Quality of Life
n	Number of Respondents
%	Percentage

Chapter One:

Introduction

1.1 Background Information

There is known to be a shortage of nurses across the globe however little researched is available to explain the factors affecting absenteeism and intention to leave nursing positions (Alqaissi et al., 2025; John Wiley & Sons Ltd.; 2018). Absence from work is a term used to describe unplanned absence from work. It has been one of the most common contributors to understaffing in a given healthcare facility which profoundly hinders the provision of healthcare services and indicates dissatisfaction among the nursing workforce (Olenga, 2024)

In the nursing profession, ensuring that patient care is up to standard requires systematic work analysis and the safeguarding of various factors. Such factors include the tangible assets of the healthcare facility and their organization; nurse staffing, workflow, and head nurse supervision systems: as well as inter-nurse collaboration. In addition, the clinical and educational background of nurses is also crucial in determining nursing care quality (Ahmad Ayed, 2024). The structure and environment of outpatient departments have actually been shown to have a direct impact on nursing morbidity and absenteeism (Olenga, 2024). Moreover, nurses' workloads in acute hospital care settings substantially influence their wellbeing, clinical results, and the productivity of the institution (Taqtoq, 2024).

In Saudi Arabia, nursing staff absenteeism and its predictors have received less attention than global healthcare absenteeism. Among 405 Saudi nurses surveyed, social issues were the most cited reason for absenteeism, mentioned by 77.8% of respondents, followed by the lack of overtime pay, cited by 75.6%. Additional contributing factors included health issues (40%), workplace conditions (25%), and personal or family-related problems (25%). Interestingly, there was no observed correlation between the work environment and absenteeism in Swiss nursing homes (Alharbi et al.; 2023).

Burnout has become a renewed epidemic, presenting a universal challenge for employees. It is widely regarded as a fundamental workplace crisis with costly consequences for both staff and organizations (Leiter & Maslach, 2016). Nursing activities, particularly in

intensive care units, involve providing direct and indirect care to critically ill, disabled, or dying patients. This often creates a heavy burden on nurses, reducing their productivity and satisfaction while negatively impacting patient care. Consequently, work-life balance (WLB) practices are critical to reducing stress, minimizing absenteeism, and improving nurses' overall performance. Improved WLB is considered the cornerstone of the quality of working life (Sahar Hassan Helaly, 2022).

Occupational stress is particularly pronounced for nurses in the Gaza Strip, Palestine. In this case, it indicates that healthcare policymakers and hospital administrators need to implement targeted interventions focused on alleviating the key stressors and determinants of stress which have been identified (Ahmed Hassan Albelbeisi, 2024).

Multiple factors are associated with absenteeism among nursing staff worldwide, reflecting dissatisfaction among nurses and negatively affecting healthcare delivery to patients (Alharbi, 2018). In Saudi Arabia, the rapid population growth, expected to reach 37 million by 2025, coupled with the increasing prevalence of non-communicable diseases such as obesity and diabetes, underscores the critical importance of addressing nursing shortages. Saudi Arabia's heavy reliance on expatriate nurses poses unique challenges in recruitment, retention, and performance, further complicating healthcare delivery (Nourah Alsadaan, 2021). Nurses consistently risk their lives to fulfill their professional responsibilities, often experiencing an intense fear of infection or unknowingly spreading illness to others, particularly during pandemics (Labrague & Santos, 2021).

1.2 Problem Statement

Nurse absenteeism is an enduring concern within healthcare systems, especially in geopolitically and economically strained areas, for instance, the Southern West Bank. It results in the deterioration of the quality of care, an increase in the patient-to-nurse ratio, nursing staff burnout, and escalated operational expenditures (Shdaifat et al., 2023). The causes of the absenteeism problem are multifaceted, encompassing personal, organizational, and systemic factors. Within the context of enduring conflicts and low-resource areas, financial problems, lack of transportation, and work-life balance are the personal factors most commonly cited (Alqaissi et al., 2025; Daka, 2023). Organizational factors include rigid shift patterns, low staffing levels, low promotional and recognition rates of the employee's contributions, and recognition of the employee's performance (Alban et al., 2021; Olenga, 2024). Unresolved, these stressors lead to chronic absenteeism, impacting the socio-economic well-being of nurses and weakening the stability of healthcare institutions. Further investigation of the West Bank suggests that low job satisfaction and lack of active supportive management are the strongest predictors of absenteeism (Taqtoq, 2024). Addressing these factors is critical for the implementation of targeted strategies aimed at bolstering nurse retention and improving healthcare in the region (Haddad et al., 2023).

Despite nurses' essential role in maintaining healthcare service quality, excessive absenteeism rates are diminishing staff efficiency, increasing hospital resource strain, and adversely impacting patient outcomes. In regions like Palestine, the ongoing conflict and occupation exacerbate these issues, putting healthcare workers under extreme stress, increasing absenteeism, and contributing to lower retention rates (Marie et al., 2020). Chronic absenteeism also disrupts workflow, reducing hospital efficiency across patient admissions, discharge planning, and general operations, while negatively affecting staff morale and retention (Alqaissi et al., 2025).

The lack of understanding of the causes of nurse absenteeism in this region makes it hard for legislators and healthcare executives to find effective remedies. Identifying absenteeism's contributing factors, such as stress in the workplace, unhealthy working conditions, lack of job satisfaction, and organizational obstacles, is crucial for maintaining hospital efficiency and improving the public's access to healthcare services, particularly in rural or underserved areas, such as regions within Palestine (Rodriguez et al., 2020).

This study seeks to investigate the factors that contribute to nurse absenteeism in Southwest Bank hospitals, identifying important drivers, and providing evidence-based suggestions. The healthcare professional and patient suffering from absenteeism will surely intensify unless these causes are addressed.

1.3 Significance of the Study

This study is informative for the Palestinian health care system as it analyzes the reasons behind nurse absenteeism in the hospitals of the Southwest Bank. This research is significant in value to the health of the Palestinians, because in knowing these factors absenteeism can be reduced thus bringing positive impact on health care services, reducing nurse turnover rates, and improving the overall healthcare quality. Moreover, the study will generate information that will be useful to the healthcare policymakers for effective policy formulation and implementation. Such data will help address the already existing issues within the health services system as well as facilitating the organization and distribution of resources within the hospitals.

Moreover, the research will act as a pool of information for scholars who seek to investigate nursing shortage issues in hospitals in Palestine. The results will contribute to the existing knowledge on the area, which will trigger more research to be done on the topic. This research also focuses on the causes that correlate with nurse absenteeism. These findings will help administrative and policy making personnel address this problem by suggesting practical and feasible solutions. These solutions will be backed by empirical evidence and will be aimed at creating a conducive health care system, which will be able to ensure improved nurse's health and job performance as well as enhanced service delivery in hospitals in Palestine.

1.4 Aim of the Study

This study aimed to predict factors that Contributing to Absenteeism of nurses in Southwest Bank Hospitals.

1.5 Specific Objectives

- Examine the frequency and trends of nurse absences from work in Southwest Bank area hospitals.
- Determine the most important causes of absenteeism, such as stress, health problems, dissatisfaction with one's job, and difficulties inside the organization.
- Examine the significance differences between socio-demographic data and nursing absenteeism.

1.6 Research Question

What are the main factors that contribute to absenteeism of the hospital?

Sub questions:

- A. what the level of the frequency and trends of nurse absences from work in Southwest Bank area hospitals?
- B. What are the most important causes of absenteeism among Southwest Bank hospitals?
- C. Is there a significant relationship between socio-demographic data and nursing absenteeism at Southwest Bank hospitals?

1.7 Conceptual Framework

The conceptual framework for analyzing nurse absenteeism in Southwest Bank hospitals is based on critical elements that effect healthcare service delivery and the well-being of nurses. To lay the groundwork for fixing the issue, the framework is trying to figure out how all these parts relate to one another.

Part One: Independent Factors

- Among these, the most important causes of absenteeism were:
- Working Conditions Overwhelm and Fatigue.
- Excessive tasks.
- Continuous work.
- Feeling emotionally drained.
- Concerns Regarding Health.
- Musculoskeletal injuries caused by physical strain.
- Disorders of the mind (depression, anxiety, stress).
- Contact with contagious diseases.
- Low wages with no benefits.
- Very little room for advancement in one's profession.
- Missing acknowledgement and backing from upper management.
- Conditions of Employment.
- Insufficient manpower.
- Hospital facilities and equipment in disrepair.
- Problems with coworkers.
- Work-Life Harmony.
- Individual duties and family obligations.
- Unpredictable work schedules.
- Corporate Elements.
- Ineffective methods of management.
- Tight leave policies.
- Opportunities for professional development are scarce.

Part 2: Interventions in Organizational and Policy Frameworks as Moderating Variables.

Depending on how well they are put into place, these elements can make absenteeism worse or better:

- Leadership effectiveness, employee involvement, and communication.
- Fair workload distribution, accommodating schedules, and sufficient personnel levels.
- Programs for Mental and Physical Health.
- Salaries and Perks.
- Income, bonuses, and employment stability.
- Professional development, training, and educational opportunities.
- Thirdly, Absenteeism as a Dependent Variable.
- Effects on Preventative Health Care.
- Reduced standard of care for patients.
- Raised ratios of patients to registered nurses.
- Potential dangers to patients and longer wait times.
- Effects on the Effectiveness of the Organization.
- Increased operational costs due to workflow disruptions and the need to hire temporary workers or work overtime.
- Teamwork problems and low morale among employees.
- Significant employee turnover.

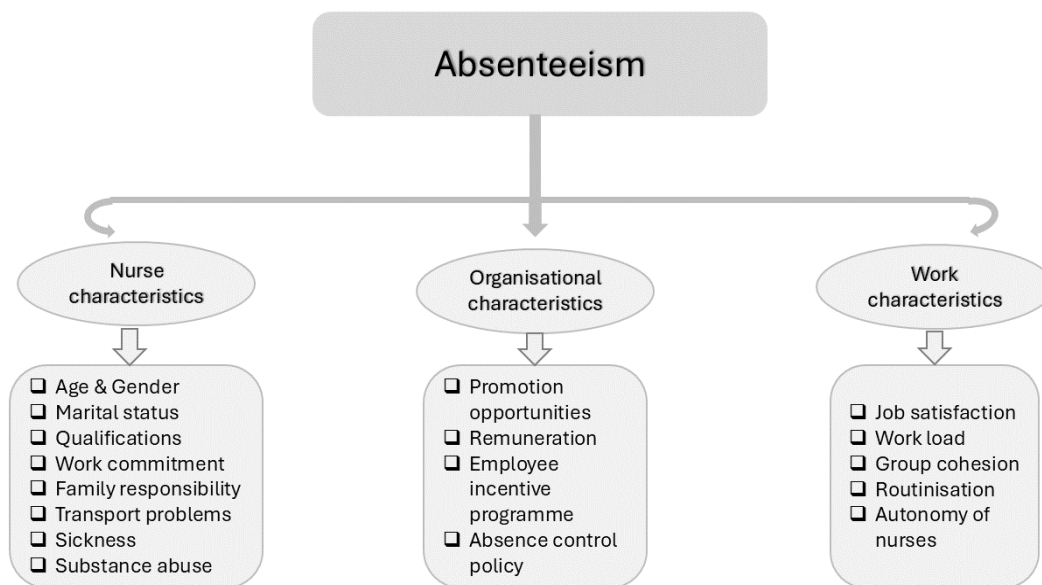


figure 1.1 : Framework investigate the causes of nurse absenteeism

1.7.1 Characteristics of the Nurse:

It is vital to take into account a number of factors that may impact the conduct and experiences of nurses while examining absenteeism in Southwest Bank hospitals. A better

understanding of the causes of absenteeism can be gleaned from these traits. Important qualities to bear in mind are:

1.7.1.1 Age:

Younger nurses may face a different set of work-related challenges than their older counterparts. Younger nurses may face concerns such as insecurity of employment or adjustment to work in a high-stress environment, which may account for higher rates of absenteeism amongst them.

1.7.1.2 Gender:

As majority of the nursing workforce consists of females, gender differences might have some effects on absenteeism, particularly with aspects such as balancing work and family whose burden falls on women than male nurses.

1.7.1.3 Marital Status:

Nurses who are married or have some dependents may have extra family responsibilities that are inconvenient with work schedules hence explain the moderate to high rates of absenteeism. Family duties can affect attendance where there are no support services.

1.7.1.4 Qualifications:

The education level a nurse possesses, be it a diploma, bachelor's degree or any other advanced degrees has an implication on job contentment, promotions and the probability of taking a sick leave. More educated nurses may also have higher career expectations, which may lead absenteeism if not satisfied with the job (Alban, de Carvalho, & Carvalho, 2021).

1.7.1.5 Work Commitment:

The extent of the nurses' work commitment may be affected by the amount of work given, the atmosphere, and the general job satisfaction. Job commitment is often related with low rates of absenteeism, while its absence leads to excessive absenteeism.

1.7.1.6 Family Responsibilities:

Children, elderly, and others who require attention may be the reason why some nurses cannot effectively perform their care giving duties due to their domestic burdens. This strain may lead to elevated levels of absenteeism, especially if family or other supports are not available or working conditions are rigid.

1.7.1.7 Transport Problems:

Nurses who such as long travels and no availability of reliable transportation systems are more likely to skip shifts. These challenges are exacerbated in the rural or underserved regions where public transportation does not exist or is extremely inconveniencing.

1.7.1.8 Sickness:

The attendance of nurse's health and that includes both physical well-being and mental health are key factors to their presence. Chronic illnesses or injuries sustained at work (i.e., musculoskeletal diseases, back pain from lifting patients, or infections contracted in the line of duty) would account for both short and long periods of absenteeism.

1.7.1.9 Substance Abuse:

Nurses with a history of substance abuse problems are likely to be absent from work more days than the average nurse due to the effect of the substance they abuse physically and

also mental stability problems related to addiction. If in the nursing department, there are issues of substance abuse, this will lead to absenteeism as well as decreased productivity in the workplace.

1.7.2 Characteristic of the Organization:

Nurse absenteeism is greatly affected by the rules, culture, and organizational structure of hospitals in the Southwest Bank region. When organizations are running well, it helps nurses stay healthy and reduces absenteeism. On the other hand, when surroundings are not well-managed, it can make nurses even more stressed, unhappy, and burnt out. Organizational factors that significantly affect nurse absenteeism include:

1.7.2.1 Promotion Opportunities:

Nurses will maintain a greater attention and will be less absent from work where their work has potential growth. Businesses oriented towards career development by offering employee training and development programs record fewer absenteeism cases. On the contrary, when nurses feel that there are no possibilities for career advancement, or when they feel that they have hit a ceiling in their jobs, then the possible outcome is that they will withdraw from work, and work absenteeism will therefore increase.

1.7.2.2 Remuneration:

Offering competitive wages and benefits plays an important role in the retention of nurses and reduction of their absenteeism. Hospitals which pay or offer benefits similar to what is in their respective areas are tended to be having a number of committed staff. Nurses might be unhappy and take time off from work more frequently if they believe that their pay is lower than their workload.

1.7.2.3 Employee Incentive Program:

Reward programmers like bonuses, recognition and other benefits aimed at good performance enhance job satisfaction and assist in minimizing absenteeism. When nurses feel appreciated and motivated through incentives, they are committed to work and do not have issues of absenteeism. Conversely, the absence of any recognition or reward can cause exhaustion, disenchantment, and high rates of absenteeism.

1.7.2.4 Absence Control Policy:

Absenteeism can be managed more effectively with balanced policies in place. These are policies which accept the difference between allowed and unhallowed absences and provide them with time off without the threat of punishment to the nurses, enabling them to show up for work in good health. Alternatively, when attendance policies are excessive or punitive and do not address the core problems that lead to absences, the consequences are stress, and an increase in absenteeism.

1.7.3 Characteristic of the Work:

One major factor affecting absenteeism in the nursing profession is the nature of the job itself. The unique nature of hospital nursing, particularly in the Southwest Bank area, can provide light on the factors that contribute to absenteeism in the workplace. The following are important features of the work:

1.7.3.1 Job satisfaction:

- **Work Fulfillment:** Nurses' attendance at work is high when they feel that their roles have a significant impact on patient care. Factors such as recognition, communication

strategies, and a conducive work environment enhance job satisfaction, thus reducing absenteeism among nurses. In contrast, demotivating conditions such as unmet expectations, poor workload balance, and lack of recognition promote high absenteeism.

- **Rewards and Acknowledgment:** Nurses who believe their efforts are acknowledged and rewarded tend to be more content with their jobs and less inclined to take sick leave. On the other hand, unrecognized contributions, limited incentives, or the absence of self-worth can cause effective disengagement and escalate absenteeism.

1.7.3.2 Workload:

- **Physical Demands:** The role of a nurse involves of physical activities including occupation of patients, standing for extended periods, associating with the performance of the same motion's multiple times. Because of these exertions, nurses often suffer from poor bodily health, fatigue, and burn-out, all of which are major causes of absenteeism.
- **Administrative Burden:** In the case of nurses, the provision of care delivery is usually accompanied by other activities such as documentation. Unfortunately, these activities may be difficult to balance due to excessive workload, which in turn increases stress levels, and even leads to absenteeism.
- **Staffing Levels:** High patient-to-nurse ratios lead to excessive nurse workloads which foster burnout and increased absenteeism. In turn, adequate staffing levels places less stress on nurses hence reducing absenteeism.

1.7.3.3 Group Cohesion:

- **Supportive Environment:** When nurses feel that there is teamwork and trust between fellow nurses and their supervisors, they tend to take less sick leave. This is because a positive relationship with coworkers enhances communication and collaboration and minimizes stress and absenteeism. On the other hand, oppressive working conditions characterized by absence of trust and active dissent lead to emotional fatigue and in such occasions, high ineffectiveness is prevalent.
- **Workplace Isolation:** There are heightened levels of stress among nurses who in most cases lack social support or work in controlled settings because of staff shortages. That is, the absence of group cohesiveness and support may lead to high rates of absenteeism among nurses because they tend to feel less involved and cared for.

1.7.3.4 Routinization:

- **Repetition:** Repetitive tasks that must be done in the same manner can make an employee feel bored. Predictability in nursing work raises the probability of burnout which increases the level of absenteeism. The negative impact may be mitigated by implementing work diversification and introducing more challenges.
- **Emotional and Mental Fatigue:** Within the framework of prolonged engagement in the care of severely ill individuals, experiencing high-stress environments and crippling fatigue refers to the weariness that one feels resulting from exposure to these aspects especially their attached emotions and thoughts over time. In the long run, this weariness induced by emotional and psychological recycling can result in increased absence from work.

1.7.3.5 Autonomy of Nurses:

- **Decision-Making Power:** Nurses who have the freedom to perform their duties effectively especially in making decisions pertaining to patient care and even when it comes to scheduling are more inclined to be satisfied and engaged in their work than others. This autonomy significantly reduces stress and absenteeism as nurses feel empowered and supported by the system. On the contrary, lack of control or even participation in significant decision making may enhance the level of frustrations that may in turn contribute to absenteeism.
- **Workplace Flexibility:** Nurses who have the freedom to change their shifts or take a leave due to personal or health-related issues are less probable to be absent from work. On the contrary, scenarios where there are strict schedules that do not take into consideration the personal aspects of nurses tend to be harsh and lead to stress and absenteeism.
- **Support for Professional Growth:** The availability of Continuing Education and professional growth encourages responsibility towards self-development among nurses. Nurses' Job satisfaction is enhanced and absences from work are reduced when they have opportunities for expansion. On the other hand, lack of growth opportunities can increase absenteeism.

1.8 Conceptual and Operational Definitions of the Study:

1.8.1 Nursing:

Promoting health, preventing illness, and alleviating suffering are the goals of the ever-evolving and diverse nursing profession, which serves individuals, families, and communities. It covers a lot of terrain, including a lot of tasks that have their roots in both the arts and the sciences (ICN,2021).

1.8.2 Nurse:

Professionals with nursing degrees and licenses work in a variety of healthcare settings, caring for patients, their families, and the communities they are a part of. Throughout a person's life, nurses are vital in maintaining good health, warding off disease, and overseeing their care.

1.8.3 Nurse Manager:

The primary responsibilities of a nurse manager include supervising the nursing staff, managing the operations of their department, and guaranteeing that patients receive high-quality treatment. Nurse managers are RNs who have leadership positions within healthcare organizations. Facilitating good communication, fostering a positive work atmosphere, and bridging the gap between clinical personnel and senior management are all crucial responsibilities of nurse managers.

1.8.4 Absenteeism:

Absenteeism refers to the temporary or habitual absence from work by an employee. It includes both voluntary (intentional absences without an authorized reason) and involuntary (such as sickness or family emergencies) absenteeism. In the healthcare field, absenteeism has been notably impacted during the COVID-19 pandemic, with studies highlighting the interplay between illness, burnout, and organizational challenges. Managing absenteeism in healthcare is critical due to its effects on service delivery, patient safety, and organizational performance (MDPI,2022).

1.8.5 Factors:

There are several interrelated elements that contribute to nurse absenteeism. These factors can be classified as human, organizational, and environmental. In order to successfully handle absenteeism in healthcare settings, it is essential to understand these reasons.

1.8.6 Work Environment:

When it comes to nurses' job happiness, retention, and overall performance, the work environment is a major factor. Negative work environments can lead to burnout, absenteeism, and turnover, whereas good and supportive work environments can improve nurses' well-being and their capacity to deliver high-quality patient care.

1.8.7 Organization:

The organization, as it pertains to the nursing profession, is the healthcare facility or institution that employs nurses. Workplace dynamics, employee attitudes and actions, and organizational effectiveness are all profoundly affected by corporate policies, practices, culture, and structure.

1.8.8 Social Demographic Data:

Social demographic data refers to statistical information about the characteristics of a population, such as age, gender, education level, income, marital status, ethnicity, and occupation. This type of data is used to analyze trends, understand population dynamics, and study their influence on social, economic, and health-related behaviors (Bryman, A,2016)

1.9 Conclusion

Healthcare delivery, patient outcomes, and organizational efficiency are all profoundly affected by the complex problem of nurse absenteeism. So, the objective of this research is to look further into the various personal as well as the systemic causes of absenteeism in hospitals based in the Southwest Bank region.

CHAPTER TWO:

LITERATURE REVIEW

2.1 Introduction

The high level of absenteeism among nurses is a recurrent problem across many health systems which negatively impacts patient care, the organization's efficiency and looks after the being well of its workforce. Absenteeism is defined as the frequent or habitual failure to report for work which may lead to deranged staffing ratios, overloading of existing staff members thereby reducing the standard of care satisfied to patients (Antinolfi et al., 2020; Tracera et al., 2020).

In regard to nursing absenteeism, its determinants are quite diverse including personal, environmental, managerial, and regulatory issues. Nurses are members of the workforce that have specific obstacles such as stress, workload and family duties which may lead to absenteeism (Gohar et al., 2021; Magnavita et al., 2022). There are also related constructs such as presenteeism, the use of which a nurse or health worker may suffer from low productivity because she goes to work while sick that further makes it difficult to control the workforce and is not only harmful to individuals but the organization as well (Shan et al., 2021; Kuster et al., 2021).

This literature review combines existing studies to give a detailed account of different aspects which contribute to absence of nurses from work. This study considers the effect of individual attributes of the nurses, managerial practices, the work environment, and other policies in an organization. The effects of absenteeism for the healthcare services and appropriate measures to reduce this practice are also examined in this review. In the light of available evidence, this review proposes policies and managerial approaches toward retaining workforce and enhancing patient care outcomes.

2.2 Search Strategy

The strategy of searches was well structured to enable the compilation of literature that examines factors that lead to absenteeism among nurses in the health care setting. Multiple sources included databases of health, academic and integrating literature from various service areas including nursing. These included PubMed, Scopus, Web of Science, CINAHL (Cumulative Index to Nursing and Allied Health Literature), as well as Google Scholar. These sources they cut across studies in health, nursing, and management which guarantees a wide and relevant coverage for the review.

The keywords used included: Nurse absenteeism, absenteeism of the healthcare workers, 'factors affecting absenteeism', nursing leadership and absenteeism, nursing and the dynamics of the working place, work satisfaction and absenteeism, toxic leadership in the healthcare, organizational structures and policies and absenteeism. search terms such as ("Nurse absenteeism" OR "health care worker absence") and ("leadership" OR "organizational policies") helped in achieving effective results.

For the selection process, inclusion and exclusion criteria were formulated. The inclusion criteria involved primary free articles published in peer-reviewed journals between 2012 and 2023 focusing on nurses and other healthcare personnel specifically on absenteeism, articles in Arabic or English, and non-systematic studies conducted using quantitative, qualitative or mix methods design. The exclusion criteria included the non-nursing or non-healthcare studies, articles published earlier than 2012, and articles considered non-academic including personal opinion papers, and conference proceedings.

The screening process took three steps. First step, the titles and abstracts of the obtained studies were scanned to determine relevance based on the set inclusion criteria. Second step, numerous studies that passed the first step were examined in greater depth to ascertain their eligibility. Finally, details like the target of the study, where it was carried out, how many participants were included, how the research was carried out, and what it reveals were extracted systematically for further analysis ensuring consistency in what data was selected.

The first stage in the process of expanding the database yielded a total of 230 studies. Out of the 63 studies- both included and excluded – fifteen were identified after applying exclusion and inclusion factors. Such studies form a great basis for future discourse regarding the absenteeism of various nurses serving in different healthcare setups.

2.3 Nurses' Characteristics

2.3.1 Demographic Characteristics:

While researching sickness absenteeism in Gohar et al. (2021), contributors worked to understand the demographic, lifestyle and health predictors of sick leaves in the nursing workforce. A meta-analysis incorporating data of over 15,000 nurses from 20 studies established that younger age, higher physical demands and poor lifestyle habits are predictors of absenteeism. Moreover, the analysis highlighted the significance of improving lifestyle and health promotion intervention to reduce sick leaves (Gohar et al., 2021).

Other than that, Singh (2012) aimed to determine the factors responsible for absenteeism among nurses employed in primary care centers in eThekweni Municipal District of KwaZulu-Natal. This qualitative study was done with 50 nurses and discovered that absenteeism among nurses resulted from family obligations, high transportation deficits, and drug abuse. The results pointed out the urgency of developing policies in the workplaces that promote family-work reconciliation of nurses and transportation issues of those who work in less developed rural areas (Singh, 2012).

2.3.2 Sickness:

In the research of Antinolfi et al. (2020) included an analysis of healthcare professionals, and specifically nurses, adherence to influenza vaccination and its correlation with absenteeism. The study examined the data of 1,548 healthcare professionals from various medical institutions. According to the authors, absenteeism during flu seasons was lesser for nurses who received annual influenza vaccination injections, this demonstrates the

effectiveness of health-related interventions in the area of work attendance (Antinolfi et al., 2020).

Hajo et al. (2020) examined physical activity, sedentary time, and sleep in relation to absenteeism in a sample of 2,126 nurses. The results of the survey showed that a number of nurses with too little training and those with inappropriate sleeping habits were those who were absent more often from work and these were related to bad moods and problems with working during night. This is one of the studies that stressed the importance of life style changes in nurses in order to reduce absenteeism among them (Hajo et al., 2020).

2.3.3 Work Commitment:

Tracera et al. (2020) explored a wide range of factors that resulted in nursing professionals' absenteeism in the Brazilian university outpatient clinics. The sample of the study included 187 nurses and pointed out that difficulties in transport, low remuneration and heavy work were the main causes of absenteeism. It was concluded that these structural problems when resolved might enhance the attendance of nurses (Tracera et al., 2020).

2.4 Organizational Characteristics

2.4.1 Promotion Opportunities:

Promotion of these individuals barely any chances were available to demotivate the nursing staff. Severe absenteeism was reported in a study conducted by Roussillon Soyer et al (2021) in which It was noted that in several cases the organizations lagged an elaborate promotion structure. During the study, the organizations reported that their systems were convoluted meaning that most nurses felt underappreciated which in turn led to loss of motivation and absenteeism (Roussillon Soyer et al., 2021).

Further performance from these Nurses was investigated in a study performed by Banks and Pearson (2021) to be in correlation with promotion opportunities alongside other organizational policies. There was a negative correlation between absenteeism rates and satisfaction with the promotional structure within the organization. When promotions were seen to be fairly distributed, nurses were more likely to attend work to increase their chances of winning a promotion (Banks & Pearson, 2021).

2.4.2 Remuneration:

Nurses' absenteeism from Brazilian universities clinics during the study conducted by Tracera et al. (2020) was greatly influenced by their paycheck. The research pointed towards the absence of a strong promotional structure as a clear cause for low salaries which brought with it a slew of issues including depression and displacement (Tracera et al., 2020).

Magnavita et al (2022) undertaking a study aimed at establishing the links between pay and absenteeism among 3862 healthcare workers. The conclusion due to the testing of the hypothesis was that fair and reasonable pay contributed to the reduction of absenteeism due to increased contentment at work and decreased the financial burden, jobless nurses with higher pay were noted to attend more workdays (Magnavita et al., 2022).

2.4.3 Employee Incentive Programs:

In research conducted by Antinolfi et al (2020), the effect of employee well-being and incentive programs on absenteeism was studied in a sample of 1548 healthcare workers. It was noted from the interviews that incentive programs like paid absence for the purposes

of health, money for attending without failing to turn up a certain number of times, greatly reduced absenteeism. Such approaches made younger generation of nurses more willing to keep turning up for work (Antinolfi et al., 2020).

A study undertaken by Roussillon Soyer et al (2021) indicated that there was a positive effect on attendance among nursing home staff who were subjected to employee incentive programs. It illustrated that targeting some of the employees with non-monetary measures such as recognition awards and adjusted rosters were effective in lessening absenteeism. Nurses who were deemed relevant for the jobs they were doing and were rewarded every now and then were less likely to stay off work (Roussillon Soyer et al., 2021).

2.4.4 Absence Control Policies:

According to Gianino et al. (2021), research conducted on the implementation of structured absence control policies in the presence of absence in Italian hospitals system was performed. The research also involved 765 nurses which, on the one hand, organized absence policies in such a way as to monitor leave patterns and assist in rehabilitation after sick leave which are aimed at lowering absence leave rates (Gianino et al., 2021).

In a study conducted by Magnavita et al. (2022), attention was also given to the absence of employees' use of control policies such policies and its relation with absenteeism. These organizations were found to have had staff participation and effectiveness pregnancy prevention clinics that reduced absence. Involvement with pregnancy professional Help contributed to the already established conducive climate within the organization's culture and Reduced Absenteeism (Magnavita et al., 2022).

2.5 Work characteristics

2.5.1 Job Satisfaction:

In their research, Labrague et al. (2024) examined job satisfaction in relation to absenteeism in 1020 nurses in hospitals. The research indicated that high absenteeism was a consequence of job dissatisfaction caused by bad leadership and stress, working in unhealthy environments. On the other hand, there were nurses that reported high job satisfaction, and thus more likely to be at work on a continuous basis, so the contribution of such an effect is great as pointed out in (Labrague et al., 2024).

In the study conducted by Zaki and Elsaïad (2021), job dissatisfaction was noted as an important explanation of absenteeism for 252 nurses working in Egypt. The research also pointed out that poor working conditions, bad leadership styles at workplaces, and lack of appreciation made people disengage and absent from work. It was then suggested that job satisfaction be looked at closely as a mitigating factor against absenteeism (Zaki & Elsaïad, 2021).

2.5.2 Workload:

As a study by Tracera et al. (2020) revealed, excessive workloads were indicated to be a key factor of absenteeism in the case of 187 nursing staff working in university outpatient clinics, which is alarming. It was observed that an excessive workload caused physical and emotional stress on nurses making them absent more frequently. Redistribution of workload and increase in number of personnel were recommended to reduce absenteeism (Tracera et al., 2020).

Tracera et al. (2020) also supported the arguments made by Magnavita et al. (2022) regarding the relationship between workload and absenteeism. The stressed intensity of work among the respondents also caused absenteeism. Stressed intensity of work

combined with low resources availability also triggered absenteeism due to work stress. Strategies to avoid these were observed to improve the attendance rate (Magnavita et al., 2022).

2.5.3 Group Cohesion:

Group cohesion was promoted in a study by Shan et al. (2021) using 456 nurses by focusing on its ability to increase absenteeism and presenteeism among nurses who formed teams. Out of 456 nurses, those who believed that they were part of a cohesive team reported that they were absent more frequently. In any case, nurses reported a stress-free work environment, which is often not the case due to the demanding conditions that nurses face day-to-day (Shan et al., 2021).

The purpose of the article was stated in the work of Roussillon Soyer et al. (2021), who studied the phenomenon of cohesiveness of nursing staff and its effects on absence among 348 units from different nursing homes. It was established that cohesive teams developed a shared sense of membership and obligations among nurses towards each other, which contributed to absenteeism being low. Staff teams were described as a means to promote a sense of togetherness and reduce absenteeism (Roussillon Soyer et al., 2021).

2.5.4 Routinization:

The role of task routinization on nurses' absenteeism was assessed in a study by Banks and Pearson (2021) in five public hospitals, where over 482 nurses participated. The study revealed that 'doing the same thing over and over again' is boring and discourages adherence and heightens levels of absenteeism. Raising and diversifying job roles and tasks was proposed as a measure against losing focus and encapsulating solutions to problems (Banks & Pearson, 2021).

Yazdani et al. In their qualitative and descriptive study of 34 nurses in Iran, examined the relationship between absenteeism among nurses and the impact of delegated tasks on regular and single filled absent circadian rhythm. Tired feeling and depression were reported as most common associations with boring and variety deprived activities, which explains absenteeism. Encouraging intra-firm advancement and different forms of focuses such as skills gained were viewed as solution (Yazdani & Khatony, 2022).

2.5.5 Autonomy of Nurses:

Jin et al. (2022) carried out a multi-site study on the autonomy of 512 nurses in obstetrics and gynecology. The study established a relationship between absenteeism of nurses and nurse autonomy. It was found that absenteeism of nurses was less when they had a greater control and autonomy over their work. The authors concluded that "nurse empowerment could lead to improved job satisfaction and commitment" (Jin et al., 2022).

Shan et al. (2021) identified lack of autonomy as a nurse absenteeism factor. In their study, it was noted that strong work environment policies and close supervision affected nurses' control over their work and resulted in absenteeism. Emphasis on the control of nurses by the use of participative management was advocated as an intervention strategy (Shan et al., 2021).

2.6 Study Gap

Based on the reviewed literature, several studies provided knowledge of drivers of considerations for absenteeism of Practice Nurses and nurse aides in various organizational and geographical settings. These studies highlighted important factors including organizational strategies, work environment, and job contentment as significant

loss of working days. However, there is still one big gap to understanding the nurse absenteeism in the West Bank, Palestine.

Certain studies concentrated their focus on populations residing exclusively in Italy (Gianino et al., 2021), Australia (Banks & Pearson, 2021), and the United States (Rankine et al., 2023) or even Brazilian (Tracera et al., 2020) and Egyptian (Zaki & Elsaïad, 2021) populations that are above middle-income countries. These settings usually have very distinct healthcare systems, economy and culture from that of Palestine. For instance:

Socioeconomic and Political Context, all reviewed articles fail to mention the fact that these healthcare workers also practice in conflict areas with sparse resources and poor economic conditions that are the cases of Palestine. Other stressors present in the West Bank, like restricted movements, inadequate funding of public health systems, and high work volumes among public health providers, may enforce absenteeism but are not likely to be studied much more comprehensively in the future.

Healthcare Infrastructure: The focus of researchers in high-income countries centers on health care systems that are more or less stable and are able to be well resourced and policies implemented (Antinolfi et al., 2020; Magnavita et al., 2022).

Cultural and Social Factors: Family obligations, which constitute barriers to nurses' attendance, might be of a different predicament in the Palestinian context (Gohar et al., 2021; Singh, 2012).

This gap highlights the importance of forthcoming studies that examine the issue of absenteeism from a nursing perspective within the context of the West Bank, while also contributing to the absorption of useful information by healthcare managers and decision makers in Palestine.

CHAPTER THREE :

METHODOLOGY

3.1 Introduction

The chapter offers a detailed description of how the study was conducted identifying enablers to absenteeism among nurses in South West Bank hospitals. This chapter outlines the approach that was used to complete this research in order to meet its goal and objectives. Concerning the problem of absenteeism of nurses, this research followed a systematic procedure that assured reliability, validity, and ethical considerations.

This chapter presents the methodology used in the study to establish factors as to why nurses in South West Bank hospitals take many absences. It was developed in order to effectively study its subject of interest within the intent of the study with reliability, validity and ethicality. The chapter contains the research proposal; study design, setting, population, sampling methods, instruments, data collection and analysis and ethics.

3.2 Study Design

The researcher current study used quantitative descriptive Cross-sectional research design to identify factors that contributed to absenteeism of nurses in the South West Bank hospitals. The reason for adopting cross-sectional design was because it enables researchers to obtain data from a given population at a given time.

3.3 Study Setting

The research was carried out in hospitals in the southern part of West Bank; in the Hebron and Bethlehem districts. Among the government hospitals to be featured was Alia Hospital, Al-Muhtaseb Hospital and Beit Jala Hospital. The role of the non- government Hospital will be Ahli Hospital, Al-Mizan Hospital and the Arab Society Hospital.

Table 1.3 Hospitals Included in the Study

Type of Hospital	Hospital Name	Location
Governmental Hospital	Alia Hospital	Hebron District
Governmental Hospital	Al-Muhtaseb Hospital	Hebron District
Governmental Hospital	Beit Jala Hospital	Bethlehem District
Non-Governmental Hospital	Ahli Hospital	Hebron District
Non-Governmental Hospital	Al-Mizan Hospital	Hebron District
Non-Governmental Hospital	Arab Society Hospital	Bethlehem District

3.4 Study Period

The scope of the study was framed for six months which was divided into specific stages for systematic accuracy. The stages are: preparation, pilot testing, data collection, and data analysis.

Preparation Phase (Month 1): During this Phase, ethical approval was submitted and received from the Ethics Committee at the Faculty of Nursing, Al-Quds University, and the management of the hospitals in the southern West Bank that were part of the study.

Pilot Testing (Month 2): The “pilot test” was conducted on 20-30 nurses selected from a different hospital, it assisted in improving the assessment of the questionnaire, making it clearer and determine inter-item reliability through Cronbach’s alpha.

Data Collection (Months 3-4): The get of the questionnaire was then be forwarded to a selected sample of nurses across hospitals in the South West Bank. Nurses was given one weeks to fill and send the questionnaires without revealing their identity.

Data Analysis (Months 5-6): Collected data was analyzed in terms of their accuracy and completeness of the collected data. Quantitative research involved analyzing data so as to establish certain patterns and or correlation with present or future absenteeism.

Results Preparation and Reporting (End of Month 6): Table, graph, and text form was used to summaries the research outcomes found in the study. The last report was prepared and distributed among stakeholders.

3.5 Study Population Sampling and sample size

The study population comprised nurses employed in governmental and non-governmental hospitals within the Hebron and Bethlehem regions of the Southern West Bank. These hospitals are estimated to house almost 1,000 nurses in total.

Participants were selected using convenience sampling criteria based on their availability and interest to participate. This method enhanced the representativeness of the sample by ensuring the participation of nurses from different departments and levels within the organizational hierarchy.

The final sample size of 330 nurses is adequate for descriptive, cross-sectional studies. This number provided considerable statistical power for the analysis while remaining practical given time and resource constraints.

3.6 Inclusion and Exclusion Criteria

3.6.1 Inclusion Criteria:

The participants possessed prior experience and understanding of the issue within the hospital setting. The selection criteria included:

- Nurses who had been employed at their respective governmental and non-governmental hospitals for a minimum of one year, and nurses from various departments or units within the selected hospitals to ensure a diverse range of work experiences was represented.

These criteria were chosen to make sure that the participants were adequately informed about the work setting, and conditions that might affect absenteeism. To ensure the study covered all the aspects, nurses from different departments and functioning in different positions were involved.

3.6.2 Exclusion Criteria:

To maintain the focus and relevance of the study, the following exclusion criteria will apply:

- Any nurses who were in leave such as maternity leave, sick leave or study leave during the period of the study.
- Volunteer nurses, as these do not work in a similar fashion to employed nurses, with different shifts and loads.
- Nurses on a temporary basis or in short-term contracts.

3.7 Study Instruments

A structured questionnaire was designed following an extensive review of the literature and aligned with the study's objectives. The instrument primarily included closed-ended questions, along with a few open-ended ones, and was adapted from a tool originally used by Nyathi (2008) in a study involving nurses at district hospitals in Limpopo. The questionnaire was organized into four sections, each addressing a specific dimension of absenteeism:

- Section A (**8 items**): Collected demographic information, including age, gender, marital status, educational background, years of employment, and professional role.
- Section B (**13 item**): Focused on nurse-related attributes, such as health status, caregiving responsibilities, and other factors potentially influencing days off, measured using a 5-point Likert scale.
- Section C (**16 item**): Explored work habits, including job demands, schedules, and responsibilities.
- Section D (**16 item**): Addressed organizational factors, such as institutional policies, reward systems, and opportunities for promotion.

Every part of the study used 5 a Likert scale that quantified the roles of different factors that were likely to cause absence from work. There were some sections for which at least two items were developed and launched as open-ended questions in a view to have extra information that cannot be obtained using closed-ended questions.

It was originally developed and validated by the authors with help of experts in the field as well as pilot testing of the instrument. Using the questionnaire as a structured interview enabled effective data collection and regime analysis which made it a useful strategy in the examination of complex topic such as the one under study.

3.8 Data Collection

However, after getting approval from the Ethics Committee, the questionnaire was developed to be administered to the selected nurses in the targeted hospitals. The data collection process will be done with a coordination of the hospital administrators who enabled the administration of the questionnaires to the requisite nursing staff at the right occasion. The two sets of questionnaires will be self-administered and voluntary, with nurses expected to fill them and return them to the researcher within one weeks without disclosing their identities.

The researcher visited the hospitals, meet with the directors, and approach the nurses included in the sample to distribute and administer the questionnaires.

3.9 Validity and Reliability of the Study

The issues concerning validity of the study are going to be addressed by the use of a well-developed questionnaire which was going to be subjected to a pilot testing in order to ascertain the viability and relevance of the questions being used. Content validity of the tools was checked by the help of specialized persons in the concerned field. The validity of the questionnaire shall be subjected to face validity and content validity during the administration of the pilot study to determine the degree to which the

identified variables are being measured in the questionnaire. These steps ensured that the result that was obtained in the course of the study was both relevant and consistent.

3.10 Pilot Study

A pilot study was conducted using 10% of the total sample size under conditions similar to those of the main study. The purpose was to identify and address any issues related to the research design or the questionnaire. A conveniently selected 10% sample was drawn from each nursing category across the hospitals. The pilot sample consisted of 40 professional nurses.

3.11 Reliability Analysis

Reliability is an important indicator of the integrity with which an instrument is used and it is concerned with the consistency of the measurement. Reliability testing assesses characteristics such as dependability, consistency, accuracy and comparability (Burns & Grove, 2003).

For this research, reliability of the questionnaire was measured using Cronbach Alpha coefficients. Nunnally and Bernstein (1994) provided a guideline of 0.70 which is the accepted cut-off point for acceptable Cronbach-alpha coefficients. From table 2 it can be seen that all sections had Cronbach Alphas of 0.86 and above which indicates acceptable reliability. Reliability coefficients are directly proportional to the accuracy of measurement (Polit, et al., 2001:307).

The table below shows the reliability of the variables used in this study.

table 2.3 Cronbach Alpha Coefficients

Dimension	Cronbach Alpha Coefficients
characteristics of the nurse	0.86
characteristics of work	0.92
characteristics of the organization	0.94

3.12 Data Analysis plan

Data were analyzed on the basis of research objectives and research questions. After collecting data, data were checked for accuracy, consistency and completeness.

The collected quantitative information were edited, coded, and entered in excel programs and then transferred to SPSS version 25 for additional analysis.

3.13 Ethical Considerations

The research topic was explained to the nurses at the beginning of the study, and they were assured that their decision to participate or not participate in the study would have no effect on their job.

The voluntary participation by participants was guaranteed, and the choice to withdraw from the study was assured. Data was stored and kept private access only to the researcher. Names of participants will not be included.

Chapter Four:

Results

4.1 Introduction

In this chapter, the researcher describes the results obtained from the data of a prepared questionnaire with regard to the research questions and objectives of the study. The scope of the study was specifically aimed towards investigating the reasons for absenteeism of nurses working in both public and private hospitals in the southern part of the West Bank region of Palestine.

The objectives of this study were threefold:

- Examine the frequency and trends of nurse absences from work in Southwest Bank area hospitals.
- Determine the most important causes of absenteeism, such as stress, health problems, dissatisfaction with one's job, and difficulties inside the organization.
- Examine the significance differences between socio-demographic data and nursing absenteeism.

The questionnaire used for data collection consisted of four sections: Section A focused on demographic information; Section B addressed factors contributing to absenteeism, including nurse-related, work-related, and organizational characteristics; and Section C characteristics of the work views on possible causes of absenteeism; section D characteristics of the organization views on possible causes of absenteeism. In total, the questionnaire comprised 52 questions.

4.2 Demographic characteristics of the participants

Table 2 reveals that nearly half of the survey participants were female, with 166 respondents (50.3%), while males accounted for 49.7% (n=164). The gender distribution indicates a slight predominance of females, which aligns with the nature of the nursing profession, where women typically make up the majority. This gender imbalance is also seen as a contributing factor to higher absenteeism rates among female nurses, as they are often responsible for childcare responsibilities. This finding is supported by Jansen, Otten, and van der Zee (2017), who noted that female nurses are more likely to utilize leave for personal or family-related reasons, leading to increased absenteeism.

In terms of age, the data shows that 50.6% of respondents were aged 25–34 years, making this the largest age group. Those aged 35–44 made up 30%, individuals over 44 accounted for 13.3%, and the 18–24 age group represented just 6.1% of the sample. This indicates that the majority of the nursing workforce surveyed is in the early to mid-stages of their careers.

Regarding educational qualifications, over two-thirds (66.4%) of participants held a bachelor's degree, 28.8% had a diploma, 4.2% held a master's degree, and only 0.6% had other types of qualifications. Marital status data shows that a significant majority of respondents (77.6%) were married, while 20.9% were single and 1.5% divorced or separated.

Job titles among the participants were grouped into categories such as nurse manager, staff nurse, midwife, and others. The majority, 280 respondents (63.0%), were staff nurses. With regard to years of experience, 43.6% had more than 10 years of experience, 23.6% had between 7–10 years, 18.2% had 4–6 years, and 14.5% had 1–3 years of professional experience. Lastly, the respondents worked in various hospital departments: 50.9% were assigned to different departments, 14.2% worked in maternity, 13.3% in surgical, 10.3% in pediatric, and 7.0% in emergency departments.

Table 1.4 Demographic characteristics of the Respondents

Characteristic	Numbers	Percentages (%)
Gender		
Male	164	49.7
Female	166	50.3
Age-group		
18-24	20	6.1
25-34	167	50.6
35-44	99	30.0
more than 44	44	13.3
Qualification		
Diploma	95	28.8
Bachelor	219	66.4
Master	14	4.2
Others	2	.6
Marital status		
Single	69	20.9
Married	256	77.6
Divorced	5	1.5
Job Title		
Nurse manager	18	5.5
Staff nurse	280	84.8
Midwife	27	8.2
Others	5	1.5
Experience		
1-3	48	14.5
4-6	60	18.2
7-10	78	23.6
more than 10	144	43.6
Working Unit		
Emergency	23	7.0
Intensive care unit	14	4.2
Pediatric	34	10.3
Maternity	47	14.2
Surgery	44	13.3
Others	168	50.9

4.3 Nurse, Work and Organization Characteristics

4.3.1 Nurse Characteristics

The survey assessed nurse-related characteristics using 13 items, as outlined in Table 3. These characteristics pertain to aspects of nurses' personal lives—such as health, family

responsibilities, and individual circumstances—that may influence their attendance at work.

According to the data, the most significant factor contributing to absenteeism was “Lack of motivation to go to work,” with the highest agreement rate at 68.5% (n=226). Other notable contributing factors included “Taking on additional jobs for financial gain” and “Having financial problems,” each with an agreement level of 61.8% (n=204), indicating that economic pressures play a substantial role in absenteeism.

Environmental and logistical challenges also appeared to be influential. For example, “Bad weather” was cited by 35.2% (n=114), and “Transportation problems” by 38.5% (n=127), as contributing factors to nurse absenteeism.

Conversely, the least likely reason for absenteeism was “Suffering from chronic medical conditions,” with the highest rate of disagreement at 39.1% (n=129). Similarly, “Stress-related illness (e.g., tiredness)” was disagreed with by 44.5% (n=147). Additional factors met with significant disagreement included “Attending union meetings elsewhere” (49.1%, n=162) and “Experiencing domestic conflict (e.g., arguments, violence),” with 25.8% (n=85) of participants disagreeing that it contributes to absenteeism.

table A. 2.4 Characteristics of the nurse

Characteristics of the nurse: Nurses are absent from work because they	Remark	Mean (SD)	To no extent	To a limited extent	To a moderate extent/ To a large extent
Lack motivation to go to work	Important factor	2.80(.89)	33(10.0)	71(21.5)	226(68.5)
Attend additional jobs for financial gain	Important factor	2.70(.97)	46(13.9)	80(24.2)	204(61.8)
Have financial problems	Important factor	2.69(.90)	37(11.2)	89(27.0)	204(61.8)
Disturbed by bad weather (e.g., rain)	Minor factor	2.37(.80)	48(14.5)	133(40.3)	149(35.2)
Experience transport problems (e.g., getting to work)	Minor factor	2.22(.93)	85(25.8)	118(35.8)	127(38.5)
Prolong their weekends (e.g., visiting far from home)	Minor factor	2.14(.91)	94(28.5)	117(35.4)	119(36.1)
Want to do what colleagues do (e.g., stay away from work regularly)	Minor factor	1.96(.96)	131(39.7)	106(32.1)	93(28.2)
Have to look after family members e.g. sick child	Minor factor	1.95(.90)	123(37.3)	118(35.7)	89(27.0)
Have to attend funerals of relatives e.g. grandmothers	Minor factor	1.94(.98)	139(42.1)	99(30.0)	92(27.9)
Suffer from chronic medical conditions	Minor factor	1.91(.90)	129(39.1)	121(36.7)	80(24.2)

table B. 2.4 Characteristics of the nurse

Suffer from stress-related illness (e.g., tiredness)	Minor factor	1.85(.90)	147(44.5)	101(30.6)	82(24.8)
Attend union meetings elsewhere	Minor factor	1.75(.87)	162(49.1)	102(30.9)	66(20.0)
Experience domestic conflict (e.g., arguments, violence)	Minor factor	1.63(.75)	85(25.8)	118(35.8)	127(38.5)
Overall Characteristics of the nurse	Minor factor	2.15(.47)			

4.3.2 Characteristics of the Work

The findings related to each work-related characteristic are presented in Table 4. According to the results, the statement “Working hours that are too long” was identified by the majority of participants—71.6% (n=236)—as the most significant work-related factor contributing to absenteeism. This highlights the impact of extended working hours on nurses' attendance.

Additionally, two other factors were also viewed as major contributors to absenteeism: “The nurse’s workload” and “Having to work night shifts, which they do not prefer,” with 72.2% (n=238) and 70.3% (n=232) of participants, respectively, agreeing that these factors greatly influence absenteeism. These responses indicate concerns about workload pressure and inflexible shift schedules.

On the other hand, the statements “Anxiety from making too many decisions without supervisor support” and “Insufficient job orientation” were acknowledged by fewer participants—31.3% (n=103) and 20.3% (n=67), respectively—as contributing factors. Since these responses fall well below the 55% threshold, they are considered less influential in comparison to the higher-ranked factors.

Table A. 3.4 Characteristics of the Work

Characteristics of the work: Nurses are absent from work because....	Remark	Mean (SD)	To no extent	To a limited extent	To a moderate extent/ To a large extent
Working hours that is too long	Important factor	2.93(.83)	16(4.8)	78(23.6)	236(71.6)
The nurse’s workload	Important factor	2.92(.84)	19(5.8)	73(22.1)	238(72.2)
They have to work night duty which they do not like	Important factor	2.85(.96)	41(12.4)	57(17.3)	232(70.3)
Lack of flexible working schedules	Important factor	2.84(.90)	33(10.0)	64(19.4)	233(70.6)
They are tired of unit routine	Important factor	2.81(1.02)	48(14.5)	64(19.4)	218(66.1)
There is an insufficient group of nurses	Important factor	2.79(.93)	34(10.3)	83(25.2)	213(64.5)
Having to work overtime in order to complete tasks	Important factor	2.78(.92)	38(11.5)	70(21.2)	222(67.3)
They are delegated a number of duties	Important factor	2.69(.89)	36(10.9)	88(26.7)	206(62.4)

Table A. 3.4 Characteristics of the Work

Lack of tolerance for absenteeism in the case of some nurses in the unit	Important factor	2.64(.94)	38(11.5)	114(34.5)	178(53.9)
Lack of clear roles in the unit e.g. to do the duties of another multidisciplinary team	Important factor	2.58(.97)	51(15.5)	99(30.0)	180(54.6)
They have to perform duties without a job description	Important factor	2.57(.94)	48(14.5)	102(30.9)	180(54.6)
Lack of social relations with peers in the workplace	Important factor	2.55(.96)	57(17.2)	89(27.0)	184(55.8)
Their skills are under-utilized	Minor factor	2.28(.89)	69(20.9)	125(37.9)	136(41.2)
Unit lacks flexibility in allowing the off duties which they desire	Minor factor	2.12(.80)	79(23.9)	141(42.7)	110(33.4)
Anxiety of making too many decisions in the absence of the supervisor	Minor factor	2.07(.89)	100(30.3)	127(38.5)	103(31.3)
Insufficient orientation about the job	Minor factor	1.76(.82)	154(46.7)	109(33.0)	67(20.3)
Overall Characteristics of the work	Important factor	2.57(.58)			

4.3.3 Characteristics of the Organization

Table 5 clearly shows that participants identified “Shortages of nursing staff” as the most significant organizational factor contributing to absenteeism, with the highest agreement rate at 72.4% (n=239). Other key organizational issues considered influential include “Lack of fair reward systems for excellent performance” (68.5%, n=226), “Limited promotion opportunities” (64.8%, n=214), and “Irregular feedback on work performance” (64.8%, n=214). Each of these factors received agreement from more than 55% of respondents, indicating they are widely perceived as major contributors to absenteeism.

In contrast, several other organizational issues were acknowledged by less than half of the participants. These include “Lack of decentralized decision-making in clinical areas (e.g., disciplinary actions by top-level managers),” “Lack of communication regarding labor-related issues (e.g., leave types),” “Absence of a clear policy on working hours with fair enforcement,” “Insufficient information on workplace changes,” and “Lack of feedback from meetings attended by nurse managers.” Although these factors were viewed as less significant due to their lower response rates, they still hold relevance and should not be completely disregarded.

Table 4.4 Characteristics of the organization

Characteristics of the organization: Nurses are absent from work because of	Remark	Mean (SD)	To no extent	To a limited extent	To a moderate extent/ To a large extent
Shortages of nursing staff	Critical factor	3.01(.97)	31(9.4)	60(18.2)	239(72.4)
Lack of fair reward systems for excellent performance	Important factor	2.88(.96)	35(10.6)	69(20.9)	226(68.5)
Lack promotion opportunities to the next rank	Important factor	2.76(.97)	44(13.3)	72(21.8)	214(64.8)
There is irregular feedback about work performance	Important factor	2.76(.89)	32(9.7)	84(25.5)	214(64.8)
Certain hard-working nurses expected consistently to be doing extra duties thus leading to demotivation	Minor factor	2.43(.95)	58(17.6)	123(37.3)	149(45.2)
Unfair discipline imposed on some of the nurses	Minor factor	2.42(.91)	56(17.0)	120(36.4)	154(46.6)
Unfair selection of nurses for training	Minor factor	2.42(.97)	66(20.0)	107(32.4)	157(47.5)
Unfair promotion opportunities	Minor factor	2.41(1.03)	74(22.4)	106(32.1)	150(45.5)
Lack of child care facilities where nurses can keep their children while at work	Minor factor	2.39(.95)	60(18.2)	132(40.0)	138(41.9)
Absenteeism policy not being applied consistently among nurses	Minor factor	2.38(.92)	66(20.0)	107(32.4)	157(47.6)
The existence of bureaucracy in the health care institutions e.g. senior level managers make decisions and control units	Minor factor	2.36(.93)	66(20.0)	107(32.4)	47.6)
Lack of decentralization of decision making to clinical areas e.g. discipline of nurses by top level managers	Minor factor	2.35(.95)	71(21.5)	113(34.2)	146(44.2)
Staff not being addressed about labor relations issues e.g. types of leaves	Minor factor	2.25(.96)	85(25.8)	112(33.9)	133(40.3)
Absence of policy on working hours and fair implementation to all staff in the institution	Minor factor	2.21(.97)	94(28.5)	108(32.7)	128(38.8)
There is inadequate information about changes being implemented in the workplace	Minor factor	1.88(.80)	117(35.5)	146(44.2)	67(20.3)
They need to receive feedback from meetings attended by the nurse manager	Minor factor	1.78(.84)	146(44.2)	127(38.5)	57(17.3)
Overall Characteristics of the organization	Minor factor	2.42(.57)			

4.4 Analyses of results according to demographic variables

The questionnaire results were systematically categorized according to various variables and analyzed to compare responses across the following demographic factors:

Gender.

- Age group.
- Marital status.
- Educational level.
- Job title.
- Years of experience.
- Department type.

To determine whether perceptions of absenteeism varied significantly among different demographic groups, each variable was divided into specific categories (e.g., male vs. female). The average responses within these categories were then compared to the overall sample means for the three main dimensions: Nurse Characteristics, Work Characteristics, and Organizational Characteristics. This analysis was conducted using a significance level of 95% ($p < 0.05$). The results showed no statistically significant differences in perceptions across all demographic groups—except for one: widowed participants. This group viewed attending friends’ funerals as less important compared to the rest of the sample.

4.5 Relationship between nurses’ socio-demographic characteristic (gender) and Absenteeism

In this sample, analyses were performed to examine whether differences in absenteeism dimensions existed based on gender. As shown in Table 6 ‘no significant gender-based differences were found across any of the absenteeism dimensions. Male nurses had slightly higher scores than female nurses in the dimensions of Nurse Characteristics and Work Characteristics, while female nurses scored higher in the Organizational Characteristics dimension. However, these differences were not statistically significant. Therefore, the null hypothesis was not rejected for any of the three absenteeism dimensions, indicating that gender did not significantly influence perceptions in this context.

table 5.4 Relationship between nurses’ socio-demographic characteristic (gender) and Absenteeism (N= 330)

Domain	gender	N	Mean (SD)	F-statistics(df)	P-value
Characteristics of the nurse	male	164	2.19(.46)	1.54(328)	.126
	female	166	2.11(.49)		
Characteristics of the Work	male	164	2.63(.57)	1.60(328)	.110
	female	166	2.52(.60)		
Characteristics of the organization	male	164	2.38(.56)	-1.14(328)	.254
	female	166	2.45(.57)		

4.6 Relationship between nurses’ socio-demographic characteristic (age-group) and Absenteeism

A One-Way ANOVA was conducted to assess whether there were differences in absenteeism dimensions based on age group. As presented in Table 7, a statistically significant difference was identified in one dimension—Characteristics of the Work. Nurses aged 35–44 scored slightly higher than those in other age groups across all three

dimensions: Nurse Characteristics, Work Characteristics, and Organizational Characteristics. However, significant variation was only observed in the Work Characteristics dimension. No statistically significant differences were found in the other two dimensions. As a result, the null hypothesis was rejected for the Work Characteristics dimension, suggesting that age has a significant impact on perceptions related to this aspect of absenteeism.

table 6.4 Relationship between nurses' socio-demographic characteristic (age-group) and Absenteeism (N = 330)

Domain		N	Mean (SD)	F-statistics(df)	P-value
Characteristics of the nurse	18-24	20	2.07(.46)	1.62(3)	.184
	25-34	167	2.12(.50)		
	35-44	99	2.23(.44)		
	more than 44	44	2.09(.41)		
Characteristics of the Work	18-24	20	2.38(.41)	3.24(3)	.023
	25-34	167	2.52(.58)		
	35-44	99	2.61(.55)		
	more than 44	44	2.78(.67)		
Characteristics of the organization	18-24	20	2.40(.55)	.30(3)	.828
	25-34	167	2.41(.52)		
	35-44	99	2.46(.62)		
	more than 44	44	2.37(.64)		

4.7 Relationship between nurses' socio-demographic characteristic (marital status) and the Absenteeism

To gain deeper insight into the reasons behind nurses' absenteeism, a One-Way ANOVA was carried out to examine variations in absenteeism dimensions based on participants' marital status. As shown in Table 8, statistically significant differences were found across all absenteeism dimensions, with p-values less than 0.05. Married nurses scored notably higher than their single and divorced counterparts in each of the absenteeism dimensions, indicating that marital status plays a significant role in influencing perceptions of absenteeism. Accordingly, null hypotheses were rejected and the alternative hypotheses were accepted.

table 7.4 Relationship between nurses' socio-demographic characteristic (marital status) and Absenteeism (N = 330)

Domain		N	Mean (SD)	F-statistics(df)	P-value
Characteristics of the nurse	single	69	2.09(.53)	4.30(2)	.014
	married	256	2.17(.45)		
	divorced	5	1.60(.63)		
Characteristics of the Work	single	69	2.52(.62)	5.94(2)	.003
	married	256	2.60(.56)		
	divorced	5	1.74(.51)		
Characteristics of the organization	single	69	2.44(.51)	3.49(2)	.032
	married	256	2.43(.57)		
	divorced	5	1.76(.42)		

4.8 Relationship between nurses' socio-demographic characteristic (level of education) and Absenteeism

Table (9) showed no statistically significant differences between the participants in all absenteeism dimensions based on the level of education. As a result, the null hypothesis was accepted for all absenteeism dimensions, suggesting that educational level has no significant impact on perceptions related to this aspect of absenteeism.

table 8.4 Relationship between nurses' socio-demographic characteristic (level of education) and Absenteeism (N = 330)

Domain		N	Mean (SD)	F-statistics(df)	P-value
Characteristics of the nurse	diploma	95	2.17(.41)	1.74(3)	.158
	bachelor	219	2.12(.50)		
	master	14	2.39(.48)		
	PhD	2	2.38(.11)		
Characteristics of the Work	diploma	95	2.69(.57)	1.87(3)	.135
	bachelor	219	2.53(.59)		
	master	14	2.48(.59)		
	PhD	2	2.34(.05)		
Characteristics of the organization	diploma	95	2.42(.58)	.05(3)	.986
	bachelor	219	2.41(.56)		
	master	14	2.47(.60)		
	PhD	2	2.38(.09)		

4.9 Differences between nurses' socio-demographic characteristic (Job-title) and Absenteeism

To gain deeper insight into the reasons behind nurses' absenteeism, a One-Way ANOVA was carried out to examine variations in absenteeism dimensions based on participants' job title. As shown in Table10, statistically significant differences were found across all absenteeism dimensions, with p-values less than 0.05. Staff nurses scored notably higher

than other their counterparts in each of the absenteeism dimensions, indicating that job title plays a significant role in influencing perceptions of absenteeism. Accordingly, null hypotheses were rejected and the alternative hypotheses were accepted.

table 9.4 Differences between nurses’ socio-demographic characteristic (Job-title) and Absenteeism (N = 330)

Domain		N	Mean	F-statistics(df)	P-value
Characteristics of the nurse	nurse manager	18	2.03(.45)	2.77(3)	.042
	staff nurse	280	2.18(.47)		
	midwife	27	1.99(.39)		
	others	5	1.78(.78)		
Characteristics of the Work	nurse manager	18	2.07(.55)	7.84(3)	<.001
	staff nurse	280	2.63(.57)		
	midwife	27	2.46(.59)		
	others	5	1.96(.38)		
Characteristics of the organization	nurse manager	18	2.07(.51)	3.41(3)	.018
	staff nurse	280	2.42(.54)		
	midwife	27	2.55(.75)		
	others	5	2.73(.38)		

4.10 Differences between nurses’ socio-demographic characteristic (years of experience) and Absenteeism

Table (11) showed no statistically significant differences between the participants in all absenteeism dimensions based on the level of education. Participants of more than 10 years of experience scored notably higher than their counterparts in each of the absenteeism dimensions, indicating that years of experience plays Not a significant role in influencing perceptions of absenteeism. As a result, the null hypothesis was rejected for all absenteeism dimensions.

table 4.10 Differences between nurses’ socio-demographic characteristic (years of experience) and Absenteeism (N = 330)

Domain		N	Mean (SD)	F-statistics(df)	P-value
Characteristics of the nurse	1-3	48	2.11(.53)	2.38(3)	.070
	4-6	60	2.12(.49)		
	7-10	78	2.06(.43)		
	more than 10	144	2.22(.46)		
Characteristics of the Work	1-3	48	2.51(.55)	2.01(3)	.113
	4-6	60	2.44(.63)		
	7-10	78	2.59(.51)		
	more than 10	144	2.64(.61)		
Characteristics of the organization	1-3	48	2.41(.49)	.19(3)	.902
	4-6	60	2.40(.50)		
	7-10	78	2.39(.51)		
	more than 10	144	2.44(.64)		

4.11 Differences between nurses' socio-demographic characteristic (working unit) and Absenteeism

A One-Way ANOVA was conducted to assess whether there were differences in absenteeism dimensions based on working unit. As presented in Table 12, a statistically significant difference was identified in one dimension— Characteristics of the nurse. Nurses working in pediatric department scored slightly higher than those in other departments across all three dimensions: Nurse Characteristics, Work Characteristics, and Organizational Characteristics. However, significant variation was only observed in the Characteristics of the nurse dimension. No statistically significant differences were found in the other two dimensions. As a result, the null hypothesis was rejected for the Characteristics of the nurse dimension, suggesting that nurse Characteristics has a significant impact on perceptions related to this aspect of absenteeism.

table 4.11 Differences between nurses' socio-demographic characteristic (working unit) and Absenteeism (N = 330)

Domain		N	Mean (SD)	F-statistics(df)	P-value
Characteristics of the nurse	emergency	23	2.02(.47)	3.89(5)	.002
	ICU	14	2.59(.57)		
	Pediatric	34	2.22(.47)		
	maternity	47	2.05(.40)		
	surgery	44	2.23(.45)		
	others	168	2.12(.47)		
Characteristics of the Work	emergency	23	2.37(.72)	2.14(5)	.060
	ICU	14	2.72(.65)		
	Pediatric	34	2.54(.59)		
	maternity	47	2.46(.54)		
	surgery	44	2.46(.44)		
	others	168	2.66(.59)		
Characteristics of the organization	emergency	23	2.26(.56)	1.25(5)	.287
	ICU	14	2.68(.60)		
	Pediatric	34	2.41(.59)		
	maternity	47	2.50(.62)		
	surgery	44	2.43(.53)		
	others	168	2.39(.55)		

4.12 The correlation coefficient between factors for a nurse, work conditions and the organization

The relationship between nurse characteristics, work-related factors, and organizational attributes was examined using Pearson's correlation coefficient. This statistical method measures the strength and direction of the relationship between variables (Polit & Beck, 2017:743), and a significant association is indicated by the p-value (sig. 2-tailed).

As shown in Table 13, there is a statistically significant correlation between work characteristics and nurse characteristics ($p = 0.001$). The Pearson correlation coefficient ($r = 0.402$) indicates a moderately positive relationship, meaning that as one set of

characteristics increases, the other tends to increase as well. Since the correlation value is slightly below 0.50, this suggests a medium-strength effect.

Additionally, a positive association was observed between organizational and work characteristics. This suggests that stronger organizational commitment and attachment are linked to greater work engagement. In other words, nurses who are highly energetic, persistent, and motivated in their roles are more likely to feel emotionally connected to their workplace, which in turn increases their likelihood of staying with the organization out of genuine desire (Meyer & Allen, 1997).

However, Meyer and Allen (1997) also argue that employees with high normative commitment—those who feel obligated to stay—might continue working even without strong personal motivation. These individuals may perform their duties passively, which can lead to a decline in job performance over time. Supporting this view, Somers and Birnbaum (1998, as cited by Diamantidis & Chatzoglou, 2019:171–173) found that normative commitment has only a weak but statistically significant positive correlation with employee performance.

table 4.12 Pearson’s correlation coefficient between characteristics of a nurse, work conditions and the organization (N = 330)

		1	2	3
Characteristics of the nurse	Pearson Correlation	1	.402**	.305**
	Sig. (2-tailed)		.000	.000
Characteristics of the Work	Pearson Correlation	.402**	1	.598**
	Sig. (2-tailed)	.000		.000
Characteristics of the organization	Pearson Correlation	.305**	.598**	1
	Sig. (2-tailed)	.000	.000	
**. Correlation is significant at the 0.01 level (2-tailed).				

Chapter Five :

Conclusion, limitations and Recommendations

Discussion

5.1 Introduction

This chapter provides an evaluative synthesis pertaining to the identified research question alongside the literature review, while also discussing the limitations of the study and providing considerations for future research. To accomplish the objectives of the study, a quantitative approach was implemented. The primary objective was to discern the major drivers contributing to absenteeism, paying particular attention to the nurses' demographic traits, the workplace setting, and organizational policies. The analysis of multiple factors revealed a combination of significant and non-significant outcomes, which were then rigorously compared and validated against existing literature.

5.2 Demographic Factors Related to Nurse Absenteeism

5.2.1 Gender:

Absenteeism patterns did not reveal gender as a notable differentiating factor. Both male and female nurses displayed averaging absenteeism rates, which resulted in maintaining the null hypothesis. This finding, however, is not in alignment with a large body of literature which reports comparatively higher rates of absenteeism among female nurses than male nurses (Daka, 2023, Shdaifat, Alolayyan, Rosario, & Al-Ansari, 2023).

5.2.2 Age:

The findings of the study reveal that the sample primarily consisted of middle-aged nurses, most of whom were highly qualified registered professionals with over a decade of experience; 77.6% were married. Despite this, the analysis did not find a significant link between age and absenteeism. This contrasts with much of the existing literature, which suggests that older nurses tend to have lower absenteeism rates due to greater job commitment, satisfaction, and workplace adjustment (Alharbi et al., 2023) . On the other hand, research by Sellgren, Ekvall & Tomson (2008) presents a different view, suggesting that younger employees, due to their energy and enthusiasm, may also exhibit lower absenteeism rates.

5.2.3 Marital status:

Statistically significant differences were observed with respect to marital status. However, these findings do not align with those reported in earlier studies (Alrawahi et al., 2020; Martinez et al., 2020).

5.2.4 Experience and qualifications:

5.2.4.1 Highest Nursing Qualification and Years of Experience:

No statistically significant differences were found based on nursing qualification or years of experience. This may be due to unequal group sizes or insufficient variation between groups to reach significance. For instance, nurses holding certificates showed a wider distribution of scores, and those with more than 10 years of experience also displayed broader score ranges. Nonetheless, nurses with certificates, diplomas, and bachelor's degrees recorded the highest mean scores within specific work environments. Similarly, all experience categories showed high average scores in their respective domains, with the group having over 10 years of experience scoring the highest overall. These findings are consistent with previous research (Anand & Mejid, 2018; Antinolfi et al., 2020; Martinez et al., 2020).

5.2.4.2 Characteristics of the nurse in relation to absenteeism:

The findings of this study clearly indicate that respondents identified a lack of motivation to attend work as the primary nurse-related factor contributing to absenteeism. This outcome is consistent with earlier studies by Fletcher (2001), and Kettle (2002), which found that staff experiencing high levels of stress tend to exhibit higher rates of absenteeism.

5.2.4.3 Characteristics of work in relation to absenteeism:

Most nurses who participated in the study identified excessive workloads and extended working hours as the most critical work-related factors contributing to absenteeism. These conditions negatively impact their performance, often leading to burnout and increased absenteeism. Similar conclusions have been drawn in previous studies (Daka, 2023, Shdaifat, Alolayyan, Rosario, & Al-Ansari, 2023). The workload for nurses has intensified due to growing patient numbers, poor working conditions, and ongoing staff shortages. While headcounts remain important, it's also essential to consider the volume of tasks and the time required to deliver quality care.

Other notable work-related factors linked to absenteeism include long working hours and the lack of flexible scheduling. Once shifts are assigned, it becomes difficult to make changes—especially in emergencies—due to a lack of available relief staff. As a result, nurses may choose to stay away from work during personal or social crises rather than request leave, fearing their requests will be denied. Flexible working arrangements are seldom available in public healthcare settings. These observations are supported by research from Felton (1998) and Tourangeau et al. (2006), which noted that nurses often struggle to complete documentation on time, leading to shift overlaps and double shifts. Furthermore, studies by Alharbi et al. (2018), Drennan and Ross (2019), and Ticharwa et al. (2019) indicate that irregular and socially inconvenient working hours contribute significantly to fatigue and absenteeism.

5.2.4.4 Organizational Characteristics and Their Relationship to Absenteeism:

The findings of this study clearly demonstrate that a shortage of nursing staff contributes to work withdrawal behaviors such as absenteeism, aligning with the conclusions of Pillay

(2009). Persistent understaffing poses a serious risk to the sustainability of healthcare services. Contributing factors to the nursing shortage include high-stress environments caused by excessive workloads, lack of support, and poorly equipped facilities (Hall, 2004; Canadian Nursing Advisory Committee, 2002).

Several additional organizational factors were also identified as significant contributors to absenteeism. One such factor was the perceived unfairness and lack of promotion opportunities, which is consistent with the findings of McHugh (2002) and Troy et al. (2007), who noted disparities in career advancement among nurses. Alharbi et al. (2019) also confirmed that limited professional development contributes to job dissatisfaction.

Another significant issue highlighted in this study was the absence of on-site child care facilities, which complicates work-life balance for nurses and contributes to absenteeism—a finding supported by Liu et al. (2018) and Zhang & Xiong (2019), who note that family responsibilities can increase absenteeism rates.

Additionally, irregular feedback on job performance and a lack of communication regarding labor relations were cited as contributing factors. This is in line with the research of Sellgren et al. (2008), which links insufficient feedback and supervision to job dissatisfaction and increased absenteeism.

Finally, bureaucratic management structures in healthcare settings—where senior managers make all decisions and tightly control operations—were a source of frustration for staff in the primary care centers involved in this study. Similar findings by Serafin and Czarkowska-Pączek (2019) highlight that limited autonomy and a lack of opportunity for innovation negatively impact employee morale and engagement.

5.2 Conclusion

The findings of this study indicate that the majority of respondents agree absenteeism is a significant issue among staff in the southern region of the West Bank. The causes of absenteeism, as identified by employees, appear to stem largely from both personal and organizational factors. Based on these insights, it can be concluded that the organization has a role to play in addressing absenteeism. Measures such as providing counseling for affected employees and implementing change management programs to improve organizational culture could help mitigate the problem. Additionally, consistently enforcing existing absenteeism policies is essential for reducing absenteeism, as the necessary frameworks are already established.

5.3 Recommendations

Self-directed future research is suggested to utilize a mixed-methods approach to comprehensively explore both the personal and organizational narratives that influence nurse absenteeism alongside the statistical patterns. Additionally, including regions beyond the southern West Bank would improve the generalizability of the findings. Furthermore, applying a longitudinal design would improve the data by allowing the study of trends and causal relationships longitudinally, thus strengthening the data to inform policy and workforce planning.

5.3.1 Addressing Absenteeism in the Organization:

Given that absenteeism has been identified as a significant issue within the organization, it is essential to implement effective strategies to mitigate it. Bevan (2003) proposes four key approaches to managing attendance: implementing management policies, addressing long-term absence, introducing preventative measures, and rewarding attendance.

5.3.2 Management Policies:

An effective attendance policy should include several critical components. Employees must be clearly informed of their responsibility to report absences, provide an estimated return date, and specify a reason for their absence. If a concerning pattern or level of absence continues, formal reviews should be conducted, with referrals for professional support or disciplinary action when necessary.

Communication is crucial—policies must be clearly conveyed so employees understand both their obligations and the support available to them, such as counseling services. Return-to-work interviews, conducted by line managers on the day the employee returns, serve as a reminder that absences are monitored and also provide an opportunity to identify any underlying issues.

Additionally, past absence records are often strong predictors of future behavior, and organizations may consider assessing absence risk during recruitment by requesting previous absence records or discussing attendance during interviews. Line managers should be trained to implement these procedures effectively, influence absence-related factors (e.g., work conditions, morale, flexible scheduling), and understand how their management style can affect attendance.

2.1. 5.3.3 Managing Long-Term Absence:

Long-term absenteeism requires specialized handling, and many line managers lack the skills, time, or confidence to manage these cases effectively. Organizations should provide clear guidelines to both managers and employees regarding responsibilities and accountability. Adequate training must be given to ensure managers can follow long-term absence protocols and identify when such cases may become disciplinary matters.

5.3.4 Preventative Measures:

While formal procedures are important, they may not address root causes of absenteeism. Preventative strategies aim to tackle these underlying issues. One effective approach is offering flexible work arrangements, such as adjustable start and end times, job sharing, part-time options, or more adaptable shift scheduling.

Improving the physical work environment is also essential, as concerns about workplace safety or comfort can contribute to absenteeism. Enhancements in lighting, temperature, noise levels, and layout can have a positive impact. Furthermore, thoughtful job design can reduce monotony and improve engagement. Strategies such as:

- Job rotation (varying tasks),
- Job enlargement (adding responsibilities), and
- Job enrichment (increasing control over work)

can all boost job satisfaction and decrease absenteeism?

5.3.5 Rewarding Attendance:

Although regular attendance is expected, recognizing and rewarding consistent attendance can help reinforce positive behavior. Implementing incentive programs or recognition systems can further motivate staff to maintain regular attendance.

In conclusion, while it is vital to maintain clear, well-communicated absenteeism policies, the application of these management approaches should be strategically targeted based on accurate data regarding the specific patterns and causes of absenteeism among different employee groups.

5.4 Limitations of the Study

This study primarily reflects the perceptions of employees, which may introduce potential biases. As noted by Wright et al. (2005), human resource practices are seldom examined using predictive research designs, which limits the ability to establish causal relationships.

Although the questionnaire used was carefully designed, tested, and refined, some participants had difficulty understanding certain questions. Additionally, concerns about possible negative repercussions may have led some respondents to withhold honest answers—particularly when asked to disclose whether they had been absent from work in the past 12 months. This may have influenced the reliability of the data collected.

Al Quds University
Faculty of Health Professions
Jerusalem –Abu Dis



جامعة القدس
كلية المهن الصحية
القدس – أبو ديس

**Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval**

Feb. 26, 2025
Ref. No.: RESC/2025-30

Dear Applicants, (Dr. Kefah Zaben, Ms. Ghada abu sharkh)

Program: MSc Nursing Department

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (**Factors contributing to Absenteeism of nurses in south West Bank Hospitals**) submitted by (Dr. Kefah Zaben). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Hussein ALMasri, PhD

Hussein ALMasri

Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions

Tel. Fax: 02 2791243 Email: dean@hpro.alquds.edu

تلفاكس: 02 2791243



الصحية

برنامج ماجستير إدارة التمريض

(استبيان بحثي حول العوامل المساهمة في تغيب التمريض في مستشفيات جنوب الضفة الغربية)

عزيتي / عزيزي الممرض (ة)

تحية طيبة وبعد:

في إطار استكمال متطلبات درجة الماجستير في إدارة التمريض بجامعة القدس - أبوديس أقوم بإجراء دراسة تهدف إلى (تحديد العوامل التي تساهم في تغيب التمريض في مستشفيات جنوب الضفة الغربية).

هدف الاستبيان:

يهدف هذا الاستبيان الى جمع البيانات اللازمة (لتحديد العوامل المختلفة التي تساهم في تغيب التمريض في مستشفيات جنوب الضفة الغربية). من خلال فهم هذه العوامل، تهدف الدراسة إلى تطوير استراتيجيات لتحسين بيئة العمل وتقليل معدلات الغياب بين الممرضين، مما يساهم في تحسين جودة الرعاية الصحية المقدمة للمرضى وتعزيز كفاءة العمل في المستشفيات.

اجزاء الاستبيان:

1- البيانات الديموغرافية

2- الأسباب الشخصية والاجتماعية

3- ظروف العمل

4- خصائص المنظمة

سرية المعلومات:

جميع البيانات التي سوف يتم جمعها سوف يتم التعامل معها بسرية تامة ولن تستخدم إلا لأغراض البحث العلمي فقط ولن يتم الكشف عن أي معلومات شخصية والمشاركة في الاستبيان اختيارية بالكامل.

مدة تعبئة الاستبيان: الاستبيان يحتاج ما يقارب 10-15 دقيقة من وقتكم. سيتم استخدام إجاباتكم القيمة لتحسين بيئة العمل وتقليل معدلات الغياب بين الممرضين في مستشفيات جنوب الضفة الغربية. إذا كان لديك أي أسئلة أو استفسارات إضافية، لا تتردد في التواصل معي:

الباحثة: غادة شروخ

رقم جوال: 568232959.

ياشرف الدكتور: كفاح الزين

Research Questionnaire on Factors Contributing to Nursing Absenteeism in Hospitals of the Southern West Bank

Dear Nurse,
Warm greetings,

As part of the fulfillment requirements for the Master's Degree in Nursing Administration at Al-Quds University – Abu Dis, I am conducting a study aimed at **identifying the factors contributing to nursing absenteeism in hospitals in the southern West Bank.**

Purpose of the Questionnaire:

This questionnaire aims to collect data to **determine the various factors contributing to nursing absenteeism in hospitals of the southern West Bank.** By understanding these factors, the study seeks to develop strategies to improve the work environment and reduce absenteeism among nurses, thereby enhancing the quality of healthcare provided to patients and improving work efficiency in hospitals.

Sections of the Questionnaire:

1. Demographic Information
2. Personal and Social Reasons
3. Work Conditions
4. Organizational Characteristics

Confidentiality:

All data collected will be treated with strict confidentiality and will be used solely for scientific research purposes. No personal information will be disclosed, and participation in this questionnaire is entirely voluntary.

Estimated Completion Time:

The questionnaire takes approximately 10–15 minutes to complete. Your valuable responses will be used to help improve the working environment and reduce absenteeism among nurses in hospitals of the southern West Bank. If you have any additional questions or inquiries, please feel free to contact me:

Researcher: Ghada Sharookh
Mobile Number: 568232959
Supervisor: Dr. Kefah Al-Zaban

Appendix 1: Questionnaire

Section A: Instructions for completing the questionnaire;

Demographic data:

1.How old are you?
2.What is your gender?	1-Male 2-Female
3.What is your marital status?	1-Single 2-Married 3-Divorced 4-Widowed
4.What is your educational level?	1-Diploma 2-Bachelor degree 3- Master's Degree 4-ph.D.in Nursing
5- What is your job Description?	1-Nurses Manager 2-Staff Nurse 3-Midwife 4-Others
6.How many years of experience do you have?	1- 1-3 years 2- 4-6 years 3- 7-10 years 4-More than 10 years
7.Indicate the unit in which you work	1- Emergency Department 2-Intensive Care Unit (ICU) 3-Pediatrics 4-Maternity 5-Surgery 6-Others

Section B: Characteristics Of the Nurse

Characteristics of the nurse refer to aspects related to nurses, such as health status, family responsibilities and personal factors, which contribute to the individual nurse’s absence from the workplace. To what extent do you believe that nurses are absent due to the following reasons? Indicate in the appropriate column with an (x)

Section B: Characteristics of the Nurse are absent from work because they	To no extent	To a limited extent	To a moderate extent	To a large extent
--	---------------------	----------------------------	-----------------------------	--------------------------

8. Suffer from chronic medical conditions				
9. Suffer from stress-related illness (e.g., tiredness)				
10. Have financial problems				
11. Have to look after family members e.g. sick child				
12. Have to attend funerals of relatives e.g. grandmothers				
13. Experience domestic conflict (e.g., arguments, violence)				
14. Experience transport problems (e.g., getting to work)				
15. Prolong their weekends (e.g., visiting far from home)				
16. Lack motivation to go to work				
17. Disturbed by bad weather (e.g., rain)				
18. Attend additional jobs for financial gain				
19. Attend union meetings elsewhere				
20. Want to do what colleagues do (e.g., stay away from work regularly)				

Section C: Characteristics Of the Work: Characteristics of the work refer to the degree of freedom and independence of nurses in the workplace, and the degree to which nurses perform unit activities at their own discretion, and routinely to what extent do you believe that nurses are absent from the workplace due to each of the following? Indicate your answer by marking the appropriate box with a cross (x)

Section C Characteristics of the work	To no extent	To a limited extent	To a moderate extent	To a large extent
21. They are tired of unit routine				
22. Their skills are under-utilized				
23. There is an insufficient group of nurses				

24. Lack of social relations with peers in the workplace				
25. Lack of tolerance for absenteeism in the case of some nurses in the unit				
26. They are delegated a number of duties				
27. Anxiety of making too many decisions in the absence of the supervisor				
28. They have to perform duties without a job description				
29. Lack of clear roles in the unit e.g. to do the duties of other multidisciplinary team				
30. Insufficient orientation about the job				
31. Unit lacks flexibility in allowing the off duties which they desire				
32. The nurse's workload				
33. Working hours that is too long				
34. Lack of flexible working schedules				
35. Having to work overtime in order to complete tasks				
36. They have to work night duty which they do not like				

Section D: Characteristics Of the Organization:

Characteristics of the Organization refer to all the different organizational stimulus which contribute to effective performance of a nurse to what extent do you believe nurses are absent from the workplace due to each of the following reasons?

Section D: Characteristics of the organization Nurses are absent from work because of....	To no extent	To a limited extent	To a moderate extent	To a large extent
37. Unfair promotion opportunities				
38. Unfair selection of nurses for training				
39. Shortages of nursing staff				
40. Lack of child care facilities where nurses can keep them children while at work				
41. Lack promotion opportunities to the next rank				
42. There is irregular feedback about work performance				

43. Lack of fair reward systems for excellent performance				
44. They need to receive feedback from meetings attended by the nurse manager				
45. There is inadequate information about changes being implemented in the workplace				
46. Absence of policy on working hours and fair implementation to all staff in the institution				
47. Unfair discipline imposed on some of the nurses				
48. Absenteeism policy not being applied consistently among nurses				
49. Lack of decentralization of decision making to clinical areas e.g. discipline of nurses by top level managers				
50. The existence of bureaucracy in the health care institutions e.g. senior level managers make decisions and control units				
51. Staff not being addressed about labor relations issues e.g. types of leaves				
52. Certain hard-working nurses expected consistently to be doing extra duties thus leading to demotivation				

YOUR COOPERATION IN THIS STUDY IS HIGHLY APPRECIATED.



Ref.:
Date:.....

الرقم: C.CO/718/134
التاريخ: C.CO/718/134

الأخ مدير عام الإدارة العامة للمستشفيات المحترم،،،
تعبية وامتدراء...

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: غادة شروخ- ماجستير ادارة التمريض / جامعة القدس، وبإشراف
د. كفاح الزين، في عمل بحث بعنوان:

Factors Contributing to Absenteeism of nurses in Southwest Bank

Hospitals

من خلال السماح للطالبة بجمع معلومات عن طريق تعبئة استبانة من قبل كادر التمريض بعد
اخذ موافقتهم، وذلك في:

- مستشفى عالية
 - مستشفى بيت جالا - مستشفى المحتسب
- على ان يتم الالتزام بأساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمشاركين.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعمد بعدم النشر لحين الحصول على موافقة
الوزارة على نتائج البحث.

مع الامتدراء...

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي



نسخة: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس

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العوامل المساهمة في تغيب الممرضات في مستشفيات جنوب الضفة الغربية

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الملخص

الخلفية: يمثل التغيب عن العمل بين الممرضين تحديًا كبيرًا لأنظمة الرعاية الصحية عالميًا. وفي مستشفيات جنوب الضفة الغربية في فلسطين، تتفاقم هذه المشكلة نتيجة للضغوط الاجتماعية والاقتصادية والتنظيمية والشخصية، مما يؤثر سلبًا على جودة الخدمات الصحية ورضا المرضى وكفاءة أداء الطاقم التمريضي.

المنهجية: أجريت دراسة مقطعية وصفية في مستشفيات حكومية وغير حكومية في منطقتي الخليل وبيت لحم. تم إجراء الدراسة في فترة 6 أشهر. تم استخدام استبيان منظم وُزِع على عينة مريحة مكونة من 330 ممرضًا وممرضة. تم تحليل البيانات باستخدام الإحصاءات الوصفية وتحليل الثبات (معامل كرونباخ ألفا) والتحليل الاستنتاجي لتحديد العلاقة بين التغيب والعوامل الديموغرافية والتنظيمية والمتعلقة بطبيعة العمل.

النتائج: من بين 330 ممرضًا وممرضة شملتهم الدراسة في المستشفيات الحكومية وغير الحكومية في محافظتي الخليل وبيت لحم، أفاد 62.7% أن العوامل الشخصية مثل انخفاض الدافعية، الضغوط المالية، وصعوبات المواصلات تُعد من الأسباب الرئيسية لتغيبهم عن العمل. كما أشار 71.5% من المشاركين إلى أن العوامل المتعلقة بظروف العمل، مثل طول ساعات العمل، عبء العمل الثقيل، والجدول الزمني غير المرنة، تسهم بشكل كبير في تغيبهم. بالإضافة إلى ذلك، أوضح 68.2% من أفراد العينة أن العوامل التنظيمية، بما في ذلك نقص الكادر، قلة فرص الترقية، وغياب الحوافز، تلعب دورًا جوهريًا في هذه الظاهرة. وأظهرت التحليلات الإحصائية عدم وجود فروق ذات دلالة إحصائية في إدراك التغيب بين المتغيرات الديموغرافية المختلفة ($p > 0.05$)، مما يشير إلى أن التغيب يُلاحظ بشكل متنسق بغض النظر عن الجنس أو العمر أو عدد سنوات الخبرة.

الاستنتاج: يتأثر التغيب بين الممرضين في مستشفيات جنوب الضفة الغربية بعدة عوامل شخصية وتنظيمية ومرتبطة بطبيعة العمل. يستدعي الحد من هذه الظاهرة تدخلات فعالة تستهدف تحسين الدافعية، توفير حوافز مالية، تعزيز بيئة العمل، ووضع سياسات تنظيمية مبنية على الأدلة لتحسين جودة الرعاية الصحية وتقليل دوران الكادر التمريضي.

الكلمات المفتاحية: تغيب الممرضين، جنوب الضفة الغربية، ضغوط العمل، التوظيف في
المستشفيات، العوامل التنظيمية، الدافعية المهنية