

Association between factors leading to absenteeism among nurses and their job commitment in the critical care unit

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ABSTRACT

Introduction: The work attitude of nurses considerably influence their productivity, work efficiency, and quality of patient care. Consequently, the association between absenteeism and job commitment is a topic of interest in most healthcare organizations, particularly in nursing, because it directly impacts patient safety, especially those in critical care units (CCUs). This study evaluated the association between factors leading to absenteeism among nurses and their job commitment in the CCU.

Methods: This study involving a correlational research design included 210 critical care nurses from a tertiary government hospital in Saudi Arabia enrolled using a non-probability convenient sampling technique. Self-administered questionnaires developed by researchers were used for the analysis.

Results: The most common factors leading to absenteeism among nurses were work routine exhaustion (mean [M]: 2.45, standard deviation [SD]: 1.07), an uncontrolled attitude toward absenteeism (M: 2.43, SD: 1.10), family-related issues (M: 2.41, SD: 1.01), and an unhealthy working environment (M: 2.41, SD: 0.97). Moreover, the nurses also expressed low commitment to their job (composite M: 3.20, SD: 0.98). A significant association was observed between the factors leading to absenteeism among nurses in the CCU and their job commitment.

Conclusion: The factors leading to absenteeism among nurses in the CCU were exhaustion from their routine work, an uncontrolled attitude toward absenteeism, family-related problems, and an unhealthy working environment. An inadequate nursing workforce due to absenteeism may compromise the quality of care provided to patients. Understaffing due to absenteeism can also result in an over workload, fatigue, and low morale among nurses on duty. Furthermore, a lack of job commitment may affect patient outcomes and safety.

Keywords: absenteeism, job commitment, critical care nurses, patient safety, quality of care

Citation: Alzahrani et al., (2024). Association between factors leading to absenteeism among nurses and their job commitment in the critical care unit. *Widely Nursing Journal*, 1(1). DOI: 10.70878/wnj.ptfr9772

Received: October 27, 2024

Accepted: December 3, 2024

Published: December 8, 2024



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Introduction

The success of healthcare organizations depends on key factors such as the quality of patient care, safety, and productivity. Among these factors, the commitment of nurses

to their organization is crucial for achieving organizational goals, enhancing organizational efficiency and effectiveness, and improving the quality of healthcare services (Al-Haroon & Al-Qahtani, 2020), thereby ensuring the good performance of healthcare institutions. Nurses are the backbone of healthcare facilities and directly influence the quality of service. Therefore, continuous monitoring of their job satisfaction and commitment is essential (Ticharwa et al., 2019).

Healthcare facilities in Saudi Arabia primarily rely on expatriate/non-Saudi nurses, and information regarding their work experiences, especially those working in physically and emotionally demanding settings, such as intensive care units, remains limited. Consequently, studies on their job satisfaction and well-being are essential (Alzailai et al., 2021). A study in the Eastern Region of Saudi Arabia reported that issues of nurses with the administrative section leading to their absence from work were correlated with their lack of commitment to the present work. Furthermore, the chronic shortage of qualified Saudi nurses coupled with high absenteeism rates is an ongoing challenge for the country (Noura et al., 2020) and a costly dilemma for hospital administrators/employers (King et al., 2020). Global data indicates that 7% of healthcare workers report at least one absence per week, citing reasons such as unwillingness to provide care, job dissatisfaction because of staff shortage, salary issues, and the behavior of their nurse managers (Burmeister et al., 2019).

Absenteeism is an ongoing challenge for health authorities and academies in various health settings in high-income countries (Park & Ko, 2020). Furthermore, absenteeism may lead to a national nursing workforce shortage (Aboshaiqah, 2016), resulting in reduced healthcare quality and increased risk of medical errors due to factors such as illness, high workload, and stress (Mothiba et al., 2018). Absenteeism is linked to job commitment, as employees' commitment and satisfaction enhance their effectiveness both at the individual and organizational levels. Notably, the more satisfied and committed employees are to their jobs, the more effectively they perform (Cherian et al., 2018). Additionally, two studies focusing on health service sectors in Taif, Saudi Arabia, provided supportive evidence regarding the association among health workers' engagement, satisfaction, and turnover intentions (Alilyyani et al., 2022; Alaqla, 2020). Specifically, the higher job satisfaction and organizational commitment were associated with lower the turnover rates (Alaqla, 2020).

Critical care units (CCUs) should be involved in research and quality improvement processes to improve clinical and patient care outcomes (Marshall et al., 2017). Although some studies address absenteeism and job commitment, research specifically focusing on nurses in CCUs remains limited in Saudi Arabia. Therefore, this study aimed to evaluate the association between the factors leading to absenteeism among nurses and their job commitment in the CCU.

Methods

Study Design and Setting

The study involving a descriptive correlational design was conducted at the CCUs of a tertiary government hospital with a bed capacity of 800 located in Taif City, Saudi

Arabia. CCUs included emergency rooms (ERs), intensive care units (ICUs), and coronary care units.

Sample Size and Sampling Technique

Among the total 264 nurses working in the ERs, ICUs, and coronary care units of the hospital, 210 were recruited in this study using a convenient sampling technique. The Roasoft sample size online calculator was used to determine the sample size with a confidence level of 95%, a margin of error of 5%, and 90% power.

The inclusion criteria were as follows: a) a Bachelor's Degree in Nursing; b) a valid nursing license to practice in Saudi Arabia; c) working in the CCUs (ERs, ICUs, or coronary care units) of the hospital; d) Saudi and non-Saudi nurses; and e) at least 6 months of experience at any of the CCUs of the hospital. Nurses who did not meet the inclusion criteria, particularly those who were not working in the CCUs or had <6 months of hospital experience, were excluded.

Research Instrument

We used two tools developed by the researchers to assess the factors leading to absenteeism and the level of job commitment of nurses working in CCUs. A literature review of published articles relevant to the topic was conducted, and pre-existing validated research questionnaires related to the study topic were identified.

The first questionnaire used in this study assessed the factors leading to absenteeism based on 10 items. All items were scored on a 5-point Likert scale, with 1 = strongly disagree, 2 = disagree, 3 = neither, 4 = agree, or 5 = strongly agree. The second questionnaire evaluated the job commitment levels of nurses with a corresponding verbal interpretation of 1 = no commitment at all, 2 = very low commitment, 3 = low commitment, 4 = high commitment, and 5 = very high commitment.

Both questionnaires were meticulously validated by the professional nurses at different levels (two staff nurses, one nurse manager, one nursing director, and a nurse educator with a doctorate in nursing leadership and management). The panel unanimously agreed and accepted all the indicators of both questionnaires. Thereafter, the researcher recruited 40 nurses working in the emergency department and ICU of the hospital, and Cronbach's alpha was used to determine the reliability of the questionnaires. The internal consistency score of the questionnaire related to factors leading to absenteeism was 0.79, and the reliability coefficient for the questionnaire related to job commitment was 0.91. Notably, α value of 0.73–0.95 indicates high reliability (Taber, 2018).

Data Collection Procedure

The researchers explained the study objectives and aims and secured approval from the Institutional Review Board (IRB) and the Office of the Director of Research and Studies Department of the study hospital. Next, a letter including the ethical approval, consent form, and research tools was forwarded to the hospital's Chief Nursing Officer to obtain permission for data collection through questionnaire distribution. After approval, the

researchers visited the ERs, ICUs, and coronary care units of the hospital and coordinated with the nurse managers assigned to the units.

The researchers talked to target respondents during their visits, discussing the study purpose, including its benefits, and clarifying that respondents could withdraw from the study at any time. Consent was obtained from all the patients. Researchers visited the CCUs six times in different shifts to distribute hard copies of the research tools. Respondents were informed that they had the choice to complete the survey at their preferred times and locations. The inclusion criteria were strictly followed to avoid bias. Among the total 264 nurses, 230 were considered eligible and provided with hard copies of questionnaires. Finally, responses from 210 (80%) nurses were retrieved. Collected questionnaires were then summarized, sorted, and submitted to a research statistician for analysis.

Data analysis

The collected data were analyzed using descriptive and inferential statistics. Frequency, percentage, weighted mean, and standard deviation (SD) were used to analyze the demographic characteristics of the respondents and identify the most common factors leading to absenteeism and job commitment levels of the respondents.

Pearson's correlation coefficient and chi-square test were used to analyze the association between factors leading to absenteeism, job commitment, and demographic characteristics of nurses. Furthermore, the association between factors leading to absenteeism and job commitment levels of nurses working in CCUs was also evaluated. All data were analyzed using SPSS version 24 (IBM Corp., Armonk, NY, USA). Table 1 was used as a guide to interpret the job commitment levels of CCU nurses.

Table 1 Guide in interpreting job commitment levels of nurses

Scale	Range	Overall verbal interpretation for job commitment
1	1.00–1.49	No commitment at all
2	1.50–2.49	Very low commitment
3	2.50–3.49	Low commitment
4	3.50–4.49	High commitment
5	4.50–5.00	Very high commitment

Ethical considerations

Ethical approval was obtained from the relevant institution before the commencement of the study (approval numbers: 269/IRB/2022 and 697). Consent from the respondents was obtained after explaining the aim and objectives of the study, the study protocol, and its potential risks and benefits. The researchers also explained that participation in the study was voluntary and respondents could withdraw from the study at any given time.

Additionally, respondents were informed that the obtained data would be encrypted, all personal information would be kept confidential, and data would only be used for scholarly work. All aspects of the study, including the results, were strictly confidential.

Results

Table 2 presents the demographic characteristics of the respondents, including age, sex, educational qualification, and clinical experience. Most respondents were female (74.7%), aged 25–30 years (44.29%), had a bachelor's degree (80.5%), and 6–10 years of clinical experience (33.3%).

Table 2

Demographic characteristics of the respondents

Demographic characteristics	Frequency (f)	Percentage (%)
<i>Sex</i>		
Male	53	25.24
Female	157	74.76
<i>Age</i>		
25–30 years	93	44.29
31–35 years	72	34.29
36–40 years	28	13.33
41–45 years	16	7.62
≥46 years	1	0.48
<i>Educational qualification</i>		
Diploma in nursing	23	10.95
Bachelor's degree in nursing	169	80.48
Master's degree in nursing	18	8.57
<i>Clinical experience</i>		
6 months–1 year	21	10
2–5 years	44	20.95
6–10 years	70	33.33
10–15 years	34	16.19
>15 years	41	19.52

Table 3 presents the factors leading to absenteeism among CCU nurses. The main factor of absenteeism reported by the nurses was “work routine exhaustion,” followed by “uncontrolled attitude of absenteeism,” and “family-related issues” and “unhealthy working environment.” The factor “influence of peers” was reported as the least contributor to absenteeism by the nurses in CCUs.

Table 3

Factors leading to absenteeism of CCU nurses

Rank	Indicators	Mean	SD
1	Work routine exhaustion	2.45	1.07
2	Uncontrolled attitude of absenteeism	2.43	1.10
3	Family related issues	2.41	1.01
	Unhealthy working environment	2.41	0.97
4	Financial problems	2.36	1.12
5	Health-related issues/sick leave	2.31	0.99
6	Workload concerns	2.30	0.96
	Institutional attendance policy	2.30	1.06
7	Conflict with colleagues and superiors	2.14	1.00
8.	Influence of peers	2.07	1.04

Table 4 presents the job commitment levels of nurses in the CCU. The majority of the nurses reported that they were determined and motivated to accomplish all the tasks assigned to them, with an average mean response of 3.50 and a SD of 3.73, interpreted as “high commitment.” Conversely, the lowest average mean response of 3.06 and a SD of 1.14 was reported for “I know and understand my goals and objectives as an employee,” which was interpreted as “low commitment.” Notably, 9 of the 10 indicators of job commitment were interpreted as “low commitment.” Collectively, the composite mean of 3.20 with a SD of 0.98 was also interpreted as “low commitment.”

Table 4

Job commitment level of CCU nurses

No.	Indicator	Mean	SD	Interpretation
1.	I can accomplish routine tasks assigned to me in the unit without any delay	3.36	1.18	Low commitment

2.	I can complete uncustomed tasks assigned to me on time	3.16	1.15	Low commitment
3.	I can accomplish a task even without enough resources	3.11	1.15	Low commitment
4.	I can complete the newly assigned task with proper orientation	3.10	1.11	Low commitment
5.	I am determined and motivated to accomplish all tasks assigned to me	3.50	3.73	High commitment
6.	I can accomplish a task even if it is beyond my skills	3.24	1.22	Low commitment
7.	I can complete all my tasks on time despite time limitations and multiple workloads	3.19	1.15	Low commitment
8.	I can accomplish a task with or without the support of the colleagues and superiors	3.20	1.12	Low commitment
9.	I am familiar and oriented with the nature of my role and the tasks assigned to me	3.08	1.07	Low commitment
10.	I know and understand my goals and objectives as an employee	3.06	1.14	Low commitment
Composite Mean		3.20	0.98	Low commitment

Table 5 presents the association between the factors leading to absenteeism among nurses in CCU and their demographic characteristics. Notably, among the four demographic characteristics of the respondents, clinical experience ($p = 0.003$) was only the significant factor.

Table 5

Association between factors leading to absenteeism of nurses in the CCUs and their demographic characteristics

Demographic characteristic	Chi-square value	df	p-value
Age	6.2853	12	0.901
Sex	4.115	3	0.249
Education	2.3843	6	0.881
Experience	30.1221	12	0.003

Table 6 presents the association between job commitment among CCU nurses and their demographic characteristics. Among the four demographic characteristics of the respondents, clinical experience ($p = 0.007$) was only significantly associated with job commitment among CCU nurses.

Table 6

Association between job commitment of nurses in CCUs and their demographic characteristics

Demographic characteristic	Chi-square value	df	p-value
Age	24.1653	16	0.086
Sex	3.9214	4	0.417
Education	7.239	8	0.881
Experience	32.9857	16	0.007

Table 7 presents the association between factors leading to absenteeism among nurses and their job commitment. A significant association was observed between the two variables ($p = 0.001$).

Table 7*Association between factors leading to absenteeism of nurses and their job commitment*

	Pearson's chi-square value	p-value
Factors leading to absenteeism and job commitment	79.2163	<0.001

Statistical significance was set at $p \leq 0.05$ **Discussion

This study evaluated the association between factors leading to absenteeism among nurses and their job commitment in CCUs. The exhaustion from the routine work, an uncontrolled attitude toward absenteeism, family-related problems, and an unhealthy working environment were the factors leading to absenteeism among CCU nurses. Furthermore, clinical experience was the only demographic characteristic significantly associated with factors leading to absenteeism and job commitment. Additionally, a significant association was observed between the identified factors leading to absenteeism among CCU nurses and their job commitment. Our findings are consistent with the results of a previous study by Al-Sharif et al. (2017), reporting workplace issues as the main reason, followed by a lack of control of absenteeism, workload, and family factors, leading to absenteeism among most staff nurses. Furthermore, this previous study also revealed that job commitment was significantly influenced by institutional rules of absenteeism, absenteeism negatively affected commitment to the organization, and total absenteeism was associated with years of nursing experience. These findings align with those of the present study, indicating an association of clinical experience with job commitment and absenteeism among the examined demographic variables.

Interestingly, Ticharwa et al. (2019) reported that the absenteeism of staff nurses in hospitals exhibit a specific demographic, daily, or seasonal trend. Furthermore, a heavy workload affects physical and mental well-being of nurses, further contributing to absenteeism. Similarly, Mudaly and Nkosi (2015) reported an association of organizational, professional, and personal factors with absenteeism, with absenteeism exhibiting a debilitating effect on the health sector, contributing to human resource shortages. Human resources/staffing is the key resource of any hospital/healthcare organization and dramatically affects the overall performance of the organization. Specifically, nurses are the cornerstone of healthcare organizations, and their attendance (i.e., absence and turnover) can seriously affect the quality of care outcomes such as the rate of medical errors and financial outcomes (Abeer et al., 2018).

Mothiba et al. (2018) reported that absenteeism burdens nurses, specifically the colleagues, as the responsibilities of the absent staff must be fulfilled by the remaining co-nurses on duty. Therefore, absenteeism affects the professional and psychological well-

being of nurses. Mothiba et al. (2018) further highlighted the impact of absenteeism on patient care quality, which is linked to increased workload, low morale, and psychological stress. Consequently, the substandard care may increase the risk of errors, affecting the credibility of the healthcare workers and fostering an unhealthy working environment for the remaining nurses on duty. Kanwal et al. (2017) highlighted staff absenteeism as an expanding management concern leading to staff instability, sick leave, work overload, and job dissatisfaction, deleteriously impacting patient care in hospitals. Baydoun et al. (2016) emphasized that nursing staff shortages due to increased absenteeism affect the costs of health service delivery, quality, and productivity of health institutions.

Our findings revealed a significant association between absenteeism and job commitment, with the job commitment level of the surveyed CCU nurses interpreted as a “low commitment.”. Commitment reflects the strength of the bond between an organization and an employee and is characterized by an individual's willingness to perform their job well. Committed employees are usually fast, creative, enthusiastic, and loyal, delivering high-quality work in a timely manner, as they are devoted to something they believe in. This characteristic is also valuable for employers (Patro & Raghunath, 2022). Furthermore, “commitment to nursing” and “professional commitment” are terms that depict loyalty to the profession and response to challenges and problems in providing the highest possible patient care and improving the nursing profession (Jiang, 2016).

Al-Haroon and Al-Qahtani (2020) reported that most nurses had a moderate job commitment level. Furthermore, sociodemographic variables such as nationality and age were positively associated with organizational commitment. However, no significant differences were observed regarding educational background or years of experience. Additionally, consistent with the study by Daouk-Öyry et al. (2014), which reported an association between absenteeism and certain factors such as age group, nurses aged <30 years exhibited a lack of commitment to work and increased the rate of absence among those categories. However, these findings contrast with those of the present study, where only the demographic variable “clinical experience” was associated with job commitment, and the job commitment level of CCU nurses was interpreted as “low commitment.”

Interestingly, Alsayed (2019) revealed that non-Saudi nurses were more committed to work than Saudi nurses. Saudi Arabia is considerably dependent on non-Saudi expertise, particularly in the health sector. However, a high turnover rate for nurses generates workforce instability. Aboshaiqah (2016) highlighted the nursing staff shortage at the national level and other evident problems, such as attracting and retaining Saudi nationals in the nursing workforce. Al-Haroon and Al-Qahtani (2020) mentioned that improvements in the nursing workplace are necessary to inspire and foster a sense of belonging among Saudi locals to the nursing profession, which might positively affect their organizational commitment. Therefore, nursing policymakers should develop strategies to retain, attract, and recruit committed nurses to enhance organizational commitment.

Study Scope and Limitations

This study evaluated the association between factors leading to absenteeism among CCU nurses and their job commitment in a tertiary government hospital in Saudi Arabia.

However, since the present study was conducted in a single facility involving 210 CCU nurses with similar backgrounds, the generalizability of the research findings may be limited. Furthermore, the study was conducted over a short period. Lastly, as the study utilized a correlational research design, the causal relationships between the variables could not be established.

Conclusion

This study concluded that the factors leading to absenteeism in nurses in the CCU were exhaustion from their routine work, an uncontrolled attitude toward absenteeism, family-related problems, and an unhealthy working environment. An inadequate nursing workforce due to absenteeism may compromise the quality of patient care. Furthermore, understaffing due to absenteeism can also result in an over workload, fatigue, and low morale among nurses on duty. Additionally, clinical experience of nurses was the only demographic characteristic significantly associated with factors leading to absenteeism and job commitment. Moreover, a lack of job commitment may affect patient outcomes and safety. Although the present study did not directly establish a causal association between factors leading to absenteeism and job commitment of CCU nurses, a significant association between the variables was clearly evident.

Recommendations

Based on the findings of the present study, institutions should consider developing programs for motivating CCU nurses to cope with routine task exhaustion and prevent absenteeism. Programs involving physical and mental health wellness activities, offering incentives, salary hikes, training opportunities, and professional advancement to qualified staff may motivate CCU nurses to improve their personal and professional growth and development. Improving job commitment is necessary and can be achieved by creating a conducive, positive, and safe work environment, encouraging staff nurses' involvement in decision-making, fostering a sense of belonging, and strengthening co-worker relationships and teamwork.

Furthermore, strategies to control absenteeism through proper staff scheduling and institutional policies and procedures related to staff attendance should be implemented. Nevertheless, a similar study including more respondents in multiple tertiary hospitals (private and government-owned) is imperative to better understand the results obtained in this study, particularly regarding the finding that 10 indicators for job commitment level yielded a verbal interpretation of "low commitment" of nurses in the CCUs. Future research on the factors leading to absenteeism among nurses should be expanded to include nurses working other units.

Availability of data statement

The datasets used and/or analyzed in the current study are available from the corresponding author upon reasonable request.

Acknowledgments

The authors extend their sincere gratitude to the CCU nurses who participated in this study. Additionally, the authors also express their gratitude for the support received from the King Khalid University in the Kingdom of Saudi Arabia and from the Deanship of Scientific Research for funding this study under the general project grant (RGP2/382/45).

Authors' Contributions

Study conception and design: T. J. A.; Manuscript draft preparation: D. B. H.; Data collection: T. J. A. and L. S. B.; Analysis and interpretation of results: R. P. C. All the authors reviewed the results and approved the final version of the manuscript.

Funding

The authors disclosed receipt of funding from the Deanship of Scientific Research at King Khalid University in the Kingdom of Saudi Arabia under general project grant (RGP2/382/45).

Declarations

Ethics Approval Statement and Consent to Participate

Ethical approval for this study was obtained from the Fakeeh College for Medical Sciences (approval number: 269/IRB/2022). Informed consent was obtained from all the participants.

Declaration of Conflicting Interests

The authors declare no conflict of interest.

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