



Determinants of Unauthorised Absenteeism at a Public Academic Hospital: The Narratives of Public Hospital Managers

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Abstract

High unauthorised absenteeism rates have adverse impact for the public hospitals. In cognisance the determinants of unauthorised absenteeism, thus, persists a pivotal apprehension for the public hospitals. The study employed an inclusive cross-sectional, qualitative design. The semi-structured interviews were administered to collect data from middle managers and supervisors in a public academic hospital. A thematic analysis approach was observed to analyse the collected data. The qualitative thematic data analysis revealed excessive workload, financial constraints, family issues and responsibilities, low staff morale, and alcohol and drug abuse as determinants of unauthorised absenteeism. The study proposes managers' perception of the essence of unauthorised absenteeism. The outcomes also have compelling inferences for top management and human resource practitioners. They may utilise these details to analyse how unauthorised absenteeism is managed. Furthermore, the information could be used to evolve positive working conditions purposely to increase staff levels and implementing financial wellness programs. Management could use the results through the implementation of a Performance Development System to motivate employees to fulfill at their ideal level and develop Human Resource policies and procedures for absenteeism for alcohol and substance abuse reduction. The results will add value to the discipline of absenteeism in conjunction with the advancing economy and culminate the pragmatic considerations for middle managers and supervisors and Human Resource practitioners.

Keywords: *Factors; Management; HR Policies; Public Academic Hospital; Unauthorised Absenteeism*

Introduction

The unauthorised absenteeism of employees in the public hospital has become more critical than ever due to the pressure caused by the complex interactions between patients, providers, payers, suppliers, and policymakers (The Ignored Pandemic 2019). Within the broader context of South Africa's public hospitals, diverse strains influence the delivery of quality health to patients. In addition, public hospitals are plagued with the challenge of the unreasonable burden of ill health and expanded patient assignments,

this sector dropped preeminently in the list of spending priorities (Doherty, Kirigia, Okoli, Chuma, Ezumah & Ichoku 2018). Hence, utmost health system demands transpired that included public academic hospitals because of their inconsistent performance and social and economic segment in healthcare (Gordon, Booysen & Mboningaba 2020), a disparity in the distribution of budget and human resources (Matlala, Malema, Bopape & Mphekgwana 2021; Vawda 2019), shortage of human resources and overcrowding (Maphumlo & Bhengu 2019), unfilled healthcare positions (Du Plessis, Tawana & Barkhuizen 2019). Bourgeault, Atanackovic, McMillan, Akuamoah-Boateng and Simkin (2022) claimed high absent from work due to leave provisions. Jonas (2022) absenteeism influences healthcare service delivery, particularly considering a deficient number of employees. Amongst other challenges contributing to low volumes of human resources, is that managers and supervisors must deal with unauthorised absenteeism, which in turn compromises service delivery in a public hospital (Tumlinson, Gichane, Curtis & LeMasters 2019). Employees are important human resources in providing quality health care services to users Sono-Setati, Mphekgwana, Mabila, Mbombi, Muthelo, Matlala, Tshitangano and Ramalivhana (2022) they are also expected to implement organisational policies and systems. Though, this could barely be completed and achieved by employees present and enthusiastically cooperating in health care services.

Absenteeism is contrary for employees prompts low staff morale and grants factors to dissatisfaction and an unpleasant work environment (Alreshidi, Alaseeri & Garcia 2019). Absenteeism is a universal entanglement that retains dismissive complications on employees, patients, and organisation (Jonas 2022; Zhang, Fink & Cohen 2021). Absenteeism costs South African organisations billions of rands annually, thus resulting in a gloomy consequence on employee morale and organisation's productivity. Occupational Care South Africa (OCSA) discloses that absenteeism costs the South African economy approximately R12 billion to R16 billion annually, and the Human Capital Review reckons it to be higher, at R19.144 billion annually. This averages around 15% of employees being absent on any average day (Leblond 2019:1). In South Africa, the negative unauthorised absenteeism habit has resulted in an increase in costs, sick leave abuse, and mismanagement of sick leave (Naidoo, Naidoo & Hariparsad 2016). The government hospital has been experiencing increasing rates of absenteeism at the commencing of the Covid-19 outbreak in March 2020, which has led to some employees' working from home or in virtual offices (Shankar 2020). The implication is that the quantity of absences has continued to be burdensome (Gregore 2020). The hospital management conveyed a drastic urgency for extensive perceptivity into the determinants of unauthorised absenteeism (Malanga 2020).

Despite academic endeavours recommended to comprehend reasons employees are absent from work without permission (unauthorised) analysts are astonished by the circumstances that generate this phenomenon. This is salient in the escalating of research prevailing to this concept (Kammoun & Dhifaoui 2021). Scholars agree that unauthorised absenteeism procedures and policies must be modified regularly and pursued to remain appropriate and feasible to encourage employees in attending to their duties (World Health Organisation 2010). This will warrant organisations to direct and control subsequent grievances pertinent to unauthorised absenteeism. Therefore, this study explores the determinants of unauthorised absenteeism. To establish this, this study focused on middle managers and supervisors responsible for absenteeism management in the public academic hospital in Gauteng province, South Africa.

Studies pertaining to absenteeism in the public health sector generally tend to be relevant in African countries; (Hutchinson, Naher & Roy 2022; Obodoechi, Onwujekwe & McKee 2022; Ogbor, Onwujekwe, Balabanova, Odii, Agwu, McKee, Obi, Orjiakor & Hutchinson 2022). In addition, in South Africa studies mostly relate to nurses (Jonas 2022; Malatji 2017; Mudaly & Nkosi 2015; Syster 2022), therefore, they are not generally relevant within the broader public academic hospital setting. Presently, there seems to be a dearth of unauthorised absenteeism studies among managers and supervisors in the public hospital sector. This study is thus prompt in its venture to address this gap in research.

Nonetheless, a necessity for distinctive validation for the public sector is nevertheless warranted. The effect of employee absenteeism on hospital service delivery cannot be over-emphasised. It was observed that unauthorised absenteeism is a common practice at a public academic hospital, a scenario that could compromise the service delivery of the hospital (Malanga 2020). However, it is key to note that “unauthorised absenteeism” not just entails actions illegal acts in most countries, yet incorporates those that could judiciously be unethical, and when permeating, incapacitate and enrich mistrust in the health system. Consequently, incompatible outcomes can transpire when scrutinising determinants of unauthorised absenteeism in this contextual milieu. This inadequacy of contextual research constitutes a concerning gap in unauthorised absenteeism.

The analysis of the study could empower managers with information on determinants of unauthorised absenteeism, promote authorised absenteeism and increase presenteeism. The findings may improve absenteeism management and provide knowledge to management. Through this study, unauthorised absenteeism rates may be reduced, and hospital management may be furnished with valuable information on absenteeism.

Literature Review

Unauthorised absenteeism exists when an employee is off duty unlawfully, no provision of the valid reason(s) is given or without notifying their employer of their absence in congruence with the applicable organisation policy (Morris 2022). Unauthorised absenteeism may be an acknowledgment to a dysfunctional system that may have social, economic and political roots (Marquette & Peiffer 2020). Unauthorised absenteeism can therefore result in financial costs, drop in service levels, obstructs production of health systems, and interferes with the efficiency of work (Abeer & Nahed 2018; Onwujekwe, Odii & Agwu 2019). In some severe cases it can result in the loss of the patient’s life (Oche, Oladigbolu, Ango, Okafoagu & Ango, 2018). It is evident that absenteeism is higher in the public sector than in the private sector (Hansen, Madsen, Thorsen, Melkevik, Bjørner, Andersen & Rugulies 2018; Mastekaasa 2020; Ndwandwe 2021).

The Department of Health (DoH) in South Africa, commends that arranged attendances of staff at work are vital to attaining the organisational goals. Absenteeism must not exceed the average absenteeism rate, that means that in a healthy workplace, an employee should take an average of 3.75 days off sick per year (RSA 2018:39). Though, the pattern of absenteeism amongst health workers is observed in public hospitals.

Since organisations count completely on the employees’ presence at work to get the work done (Claassen & Erasmus 2021), absenteeism measured as one of the basic components of the misfortune of efficiency, squandering of assets, and delicate structure of the organisation and business globally (Naderi & Shams 2020), determinants on employees’ unauthorised absenteeism is thus, significant (Doshi 2020). Gregore (2020) and Vialatte, Pereira, Guillin, Miallaret, Baker, Colin-chevalier, Yao-lafourcade, Azzaoui, Clinchamps, Bouillon-Minois and Duthheil (2022) explained that unauthorised absenteeism can lead to medical concerns due to the decline in the healthcare quality, organisational challenges, delays in production or low-quality service, and fiscal issues consequent to excessive reinstatement costs. It is evident from the literature that absenteeism is a challenge, and it is the failure of employees to attend work (Sreekumar & Rao 2022). This failure by employees to report for duty as per their schedule often disrupts operations and leads to an increased workload on the employees present at work as they are expected to perform the duties assigned to them as well as those assigned to employees who are absent (Grinza & Rycx 2020). In this study, unauthorised absenteeism is when the span of an employee is aside from scheduled work (Raja & Gupta 2019).

The following section discusses the determinants of unauthorised absenteeism at the Charlotte Maxeke Johannesburg Academic Hospital (CMJAH). Unauthorised absenteeism has determinants within the health sector and transpires at all organisational levels, from government agencies to direct provision of care. Furthermore, the motivations concealing the health sector's unauthorised absenteeism differ per country. Consequently, it may imaginably be demanding to remodel unauthorised absenteeism-mitigating tactics that were achieved in one health system to the other with distinct incentives, accountability structures, enforcement mechanisms, and socio-economic and political contexts. Considering the diverseness and compelling nature of health systems, sustainable reductions in absenteeism and resultant improvements in healthcare delivery require a systems-thinking approach. In the previous research, determinants of absenteeism include low and/or unreliable salaries in the public sector, lack of monitoring and accountability, and substandard work environments that include demanding workloads partially induced by frequent absenteeism (Maini, Hotchkiss, Borghi, 2017; Onwujekwe, Agwu, Orjiakor, McKee, Hutchinson & Mbachu 2019). The determinants of employees' absence were harmonised by Belita, Mbindyo and English (2013) ranging from organisational, personal, and socioeconomic factors the first is organisational factors: According to Msosa (2020), organisational factors are attributed to job-related factors that would include the nature of the job. Organisational policies such as remuneration and promotion policies have a relation to employee withdrawal. Qualitative studies of absenteeism among public sector healthcare workers in sub-Saharan Africa illustrate the challenges these individuals face. In Nigeria, public sector healthcare workers report being unable to cover necessities with their salaries, including food, clothing, and transportation (Onwujekwe, Agwu, Orjiakor, McKee, Hutchinson & Mbachu 2019). A qualitative study conducted by Mukasa1, Bahar, Ssewamala, KirkBride, Kivumbi, Namuwonge and Damulira (2019) on examining the organisational factors that affect health workers' attendance in Uganda reported that personal/family-related issues, lack of financial incentives, distance from workplace and related transportation issues, and lack of regular supervision were causes of health worker absences in the public sector. In Kenya, health professionals were absent at government institutions while moonlighting in private hospitals (Tumlinson, Gichane, Curtis & LeMasters, 2019:5-6). In this context, it is accepted that the rationale for absenteeism cannot be allocated uniquely to the employee since dissatisfaction at work might cause absences for intentions like labor enthusiasm, defective audit procedures, absence of communication, and sick leave. The second is Personal factors: Employees' attitudes, values, and expectations, job prospects (Mukwevho, Nesamvuni & Roberson 2020).

Lastly, Socio-economic factors: such as behavioural problems, absence due to conduct problems, socio-economic backgrounds of employees, age, seniority, marital status, and educational attainment. (Kammoun & Dhifaoui 2021; Lawana & Booyes 2018).

Methodology

A qualitative approach was appropriate, and the research design was descriptive, explorative, and contextual (Creswell & Creswell 2018). This research design was considered convenient since this study pursued to explore the perceptions of participants, pertinent to the determinants of unauthorised absenteeism in the hospital in the public setting in South Africa.

Sample

The sample consisted of 12 middle managers and supervisors employed at the Charlotte Maxeke Johannesburg Academic Hospital. The participants comprised five (5) middle managers and seven (7) supervisors. Five (5) participants were between the ages of 31 and 40, two (2) participants were between the ages of 41 and 50, two (2) participants were between the ages of 51 and 60, and three (3) participants were between the ages of 61 and 65. A convenience sample is an applicable key when the population is comparable in essence and questionnaires are extended to respondents expeditiously (Saunders, Lewis &

Thornhill 2019). Data saturation on the determinants of unauthorised absenteeism in a public academic hospital was reached (Guest, Namey & Chen 2020).

Data collection

For the purpose of this study, the semi-structured interviews were conducted with the middle managers and supervisors in a professional manner and at the convenience of the participants; as they have first-hand experience in the management of absenteeism. The interview questions were compiled and entrenched in the theoretical framework, compiled from a close inquiry of the literature. A pretest or pilot interview with a middle manager who was responsible for recording the unauthorised absenteeism was aimed to confirm the schedule essential to contain fully the questions and to determine if the questions in the interview guide were relevant. There was positive feedback with few replacements devised for the questions. The semi-structured interviews proceeded from 40 to 50 min, with an average extent of 60 min. The interviews were conducted on the Microsoft Teams online platform.

All participants' confidentiality and anonymity were assured prior to the interview. The researcher transcribed all interviews through a professional transcription service and then listened to each recording repeatedly and amended the transcripts to ensure accuracy.

Data analysis

Data analysis involves organising, reading through, coding, and organising themes from the database (Cresswell & Poth 2018). The researcher used a descriptive approach, by listening to the MS Teams data collected more done once and was able to find meaning in the perceptions of middle managers and supervisors regarding the determinants of unauthorised absenteeism. The data was coded with unique identifying names. The data was coded, and the themes and subthemes were identified. The themes and subthemes were then compared with the research questions.

Findings

Five major themes that have emerged during the data analysis process include excessive workload, financial constraints, family issues and responsibilities, low staff morale, and alcohol and drug abuse. The themes and sub-themes on the determinants of unauthorised absenteeism in the public academic hospital are displayed in Table 1.

Table 1 Summary of themes and sub-themes

Themes	Sub-themes
Excessive workload	Burnout Fatigue
Financial constraints	Debts Affordability
Family issues and responsibilities	Illness Stress Domestic violence
Low staff morale	Recognition Working conditions Promotion
Alcohol and drug abuse	Personal nature Behavioural lifestyle

Theme 1: Excessive workload

A major determinant of unauthorised absenteeism raised by middle managers and supervisors was the toil of excessive workload. These elicit demanding workloads caused by deficient numbers of employees in the hospital, frequently intensified by excessive figures of absenteeism. Successively leads to health problems, such as burnout, depression, and fatigue. The sub-themes: are burnout, depression, and fatigue. The discussion of sub-themes is as follows:

Subtheme 1.1: Burnout

The managers and supervisors felt that employees were overburdened with the workload encountered daily. They also conveyed concern that the nurses whom they supervise were at hazard of exhaustion, burnout, hopelessness, and depression, predominantly because of a lot of work. They perceived that their type of work was that of leading to tiredness. This is reflected in the following comments:

‘Number one cause of unauthorised absenteeism I have observed is burnout; nurses are tired and exhausted. So, they are not finishing seven nights, especially in the casualty. ‘Casualty is busy’ (P4);

*‘My belief is the burnout situation, since the issues that started in the hospital a year ago’ (P8);
‘There are a lot of employees who put in a lot of work, but it is not recognised, and employees become exhausted, and they burn out.’ (P12)*

Subtheme 1.2: Fatigue

The participants exhibited concern about absenteeism. They specified that it was essentially fatigue or weariness that it attached to the complication of excessive workload. They reported that fatigue is resulted from overcrowding of the hospital patients, whereby staff would be absent with regards to an employee absent afore to them, and this had an adverse collision on workload. Participants verbalised the following statements:

‘Nurses in casualty are very busy, nurses sometimes work seven conservative nights, and it becomes strenuous often overwhelmed with work and somehow they will end up having fatigue’ (P6);

‘Fatigue or exhaustion of an employee where exhaustion is caused by an overcrowding of the hospital patients in the unit of which patient ratio is more than expected, then once the individual is exhausted, he/she will be absent’ (7)

Theme 2: Financial constraints

Theme 2 outlines the middle managers’ and supervisors’ financial constraints. Low/unreliable salaries are a major of absenteeism. It contained these sub-themes: debts, and affordability. The discussion of sub-themes follows.

Subtheme 2.1: Debts

The participants’ stimulus to be off duty was traceable to debts by reason of financial constraints, and they adopted absenteeism as they don’t have money to get to work. Participants report being unable to cover necessities with their salaries, including food, clothing, and transportation.

“You know most of our staff don’t have money to get to work due to the fact that they borrow money from loan shocks, and that creates a big problem with absenteeism”. (P1);

“People have lots of debts to the point where they would be asking for money from their colleagues and, at the same time, they will not be able to pay the money and that will result in them not coming to work. Some will not even call me, their manager, and explain the reason for being absent from work.”(P11)

Subtheme 2.2: Affordability

A substantial hindrance featured by one middle manager was the certainty that there is a high cost of living. Hence, this posed a socio-economic challenge faced by the employees.

“We know that there has been a rise in the cost of living. Everything has gone up, but unfortunately, our salaries have not gone up”. (P10)

Theme 3: Family issues and responsibilities

A challenge encountered by the participants was due to family issues and responsibilities. These influenced resentfully on their habit of absenteeism, leading to illness, stress, and domestic violence. It comprises the following sub-themes: Illness, stress, and domestic violence. The discussion of sub-themes follows.

Subtheme 3.1: Illness

One of the participants asserted that one will be absent from work when a family member is ill. By virtue of a heavy load, inadequate staffing, and absenteeism participants are habitually enforced to perform their duties in distressing and tense environments that ensue in conceivable or possible illness. The participant commented as follows:

“We have got quite a huge number of elderly personnel those that are between 45 years and 60 with pre-existing conditions like high blood pressure, sugar diabetes et cetera”. (P4)

Subtheme 3.2: Stress

One participant expressed that stress is predominantly due to absenteeism. The participant expressed how strenuous it is sometimes to balance the family and work responsibilities. The participant commented as follows:

“Mothers who have children need to take care of the family and work-related aspects, which is strenuous”. (P3)

Subtheme 3.3: Domestic violence

One participant affirmed that being absent from work is due to being abused at home. The participant revealed suffering from personal problems such as abuse and violence by a family member(s).

“There are personal problems; someone who has a problem at home, for example domestic violence”. (P5);

“There are factors outside the hospital that cause unauthorised absenteeism”. (P6);

“The family problems: Sometimes a woman is abused by her spouse to the point where she does not want her colleagues or me as a manager. In the beginning, they will call and say they are sick because they don’t want people to know about the situation”. (P11)

Theme 4: Low staff morale

Low staff morale was perceived as a significant factor in increased absenteeism. It is arranged of the following sub-themes: Recognition, working conditions, and promotion. The discussion of sub-themes follows.

Subtheme 4.1: Recognition

Participants revealed that is not recognised, and underappreciated leads to absenteeism from work. It is remarkable that management lacks exhibiting appreciation toward participants as delineated below. The participant commented as follows:

“I also believe that the staff members in this hospital are underappreciated; senior management does not care about the staff which results in low staff morale”. (P8)

Subtheme 4.2: Working conditions

Participants believed unfavourable working conditions and lack of support cause dissatisfaction at work. This leaves the employees demotivated and provokes absenteeism. They commented as follows:

“Working environment in some instances make the morale of staff to be low”. (P6);

“Unfavourable working conditions of the hospital, no support from the upper management of the institution causes the staff to have low morale and not satisfied”. (P7)

Subtheme 4.3: Promotion

One of the participants observed that there is a deficiency in promotion for hard work and that there is a lack of an objective performance appraisal system in the hospital. The participant commented as follows:

“Low staff morale is the result of lack of upward mobility or promotion, lack of objective performance management system in the hospital, and where officials strongly feel that they are being denied an opportunity to get a reward for their hard work”. (P2)

Theme 5: Alcohol and drug abuse

Alcohol and drug abuse was the contributing factor to unauthorised absenteeism. It is composed of the following sub-themes: Personal nature, and behaviour lifestyle. The discussion of sub-themes follows.

Subtheme 5.1: Personal nature

Personal or individual nature along with personal characteristics play a role in alcohol abuse as employees have the tendency to take days off from work. Participants commented as follows:

“We know our staff. There are some of our staff that are misusing drugs and alcohol, which leads to high absenteeism rates within the department because they are high or under the influence of alcohol”. (P1);

“People are addicted to either alcohol or intoxicating substances. Such officials will, after setting intervals like when they get their salary, either on the 15th or 30th, you see that trend happening of not reporting to work”. (P2);

“Another problem or cause is alcohol abuse”. (P4)

Subtheme 5.2: Behaviour lifestyle

Participants felt substance abuse contributes to absenteeism and influences behaviour. They commented as follows:

“Substance abuse contributes to the absenteeism”. (P5);

“The number one cause is behavioural changes of staff members; someone would start life of too much alcohol intake and drugs intake daily. Obviously, that person would pass out and not be able to report to work or call because of his/her state at that moment”. (P11)

Discussion of the Results

The concept of unauthorised absenteeism is a current debate in the public health sector. Absenteeism is not only a global dilemma but also affects the South African economy (Stander 2021:3). It is a behavioral pattern and trend to stay away from work for no reason which includes arriving late at work and poor timekeeping (Tumlinson, Gichane, Curtis & LeMasters, 2019:3-4; Shah, Uddin, Aziz, Ahmad, Al-Khasawneh & Sharaf, 2020:1-2). Magobolo and Dube (2019:4-5) in a quantitative and descriptive exploratory study of student nurses in clinical areas in South Africa, found that 97.3% of participants agreed that absences were due to staff shortages. The middle managers and supervisors concur that staff shortages are a challenge in the hospital and that impacts the workload of staff that is present at work. The workload is the quantity of work that employees carry out in a specific time as well as the hours needed to accomplish the duties (Van den Heede, Bruyneel, Beeckmans, Boon, Bouckaert, Cornelis, Dossche, Van de Voorde & Sermeus, 2020:23). The high workload and inadequate staffing predicted absenteeism and likelihood of resignation (Burmeister, Kalisch, Kalisch, Doumit, Lee, Ferraresion, Terzioglu & Bragadóttir 2019).

Farid, Purdy and Neumann (2020) voiced that extended working hours, expand employee fatigue and escalate lethargy or burnout and absenteeism by five to six-fold distinctly. The empirical data also highlighted that the absenteeism of employees reduces the efficacy of healthcare provision and impedes the quality of services as fewer employees are left on duty, resulting in work overload, burnout, fatigue and/or interrupted service delivery (Leite, Finkler, Martini, Heidemann, Verdi, Hellmann & Vásquez 2021).

Based on the findings of Sreekumar and Rao (2022) it appears that most of the employees who undergo financial hardships usually borrow money from lenders at a very high-interest rate, which often cumulates to more than 11–12 times their actual salaries. This indicates that those employees cannot afford the standard of living. Absenteeism leads to financial constraints on the workforce and insufficient funds, and a shortage of cash or money can eventually lead to personnel discontinuing employment (Nesengani, Downing, Poggenpoel & Stein 2019). Due to employees working more hours than scheduled in the case of an absent employee, overtime payment must be made timeously (Akinwale & George 2020).

Family responsibilities include childcare and elderly care, which often compels workers to be absent from work as parents have no choice but to give priority to their children, especially considering that the cost of paying for a child caregiver is going up due to the high demand of childcare services (Zondi 2021), which corresponds with the findings of this study. Random absenteeism arises incidentally because of stress. Stress materialise from inexperience and emotional unpreparedness in attending to patients, making them vulnerable to mistakes, and leaving them no alternative but to absent themselves (Mat Suran, Mohd Yusoff & Mohd Fauzi 2020). This view was reiterated by the findings of this study. According to Buzeti (2020), individual factors such as personal illness, accidents, and care for family members affect absenteeism. Moreover, domestic violence might impact the victim's capability to engage in work (e.g., through physical handicapped, noticeable restraint), and overlook to day off (Wathen, MacGregor & MacQuarrie 2015). The pattern of silence and unrecorded abuse remains as abused women withhold to expose their partners and suffer terrific or dreadful abuse secretly following disclosure (Jeremiah, Quinn & Alexis 2017). The participants stressed the importance of balancing family and work-life issues and responsibilities, an idea supported by Magobolo & Dube (2019). More reliable, prompt and improved payment of employees' remuneration and allowances to cover costs of additional family responsibilities/care reduce unauthorised absenteeism, providing greater economic security in the hospitals. To provide quality care, management should give support to employees particularly females playing a role of in childcare, a spouse, helping parents/family members, and a bread winner who meets the financial needs of herself and/or her family (Robat, Fauzi, Saruan, Yussof & Harith 2021).

Moreover, high absenteeism is an indicator of further issues namely job dissatisfaction including lack of promotion, poor working conditions, and low morale (Jooste, Bezuidenhout & Muller 2020). In concurrence with the findings of this study, employees detect they are unrecognised or unappreciated as helpful contributors to the system, besides further receiving no recompense for efforts and excellent jobs, which may lead to low morale and extra inadmissible symptoms including absenteeism. Furthermore, the hospital can provide financial rewards and incentives to boost employees' morale and productivity and enhance a sense of fulfillment and improvement. The public health sector should be responsive to employee morale. Simply put, employee morale should be enhanced through a conducive work environment and excessive workspace. Afolabi, Fernando and Bottiglieri (2018) remind us that promotion is an important motivating factor because it is perceived as growth, advancement, and recognition, leading to improved self-esteem and self-actualisation and a pay rise. Recognition and appreciation towards employees for their hard work are key elements for a productive working environment (Eddy, Kivick & Caboral 2021).

Based on the findings of Parsley, Dale, Fisher, Mintz, Hartz, Evanoff and Bierut (2022), there was a direct relation between alcohol use and workplace absenteeism expansion; as the extremity of alcohol usage disorders escalated, so did the proportions of days missed from work because of infections or ill health, loss, or leave off work. This was supported by Austin, Skinner and Watson (2020) when they elucidated that one predominant channel through which illegitimate drug use and erroneously utilised legal drugs could affect employee behaviour is through absenteeism. It can have attaching effects on production, rewards, and benefits. It is distinct that factors, for example, personal nature, and behaviour lifestyle can source absenteeism.

Recommendations

The middle managers and supervisors provided information on how unauthorised absenteeism can be eliminated and how to motivate public academic hospital employees. The research participants mainly expressed the determinants of unauthorised absenteeism mainly due to excessive workload, financial constraints, family issues and responsibilities, low staff morale, and alcohol and drug abuse.

Increase Staff levels: Recommendations regarding staff levels included increase/improvement of staff levels. Other recommendations included ensuring further improvements should form a consolidated healthcare system to assist in mitigating hospital employees' workload, such as fostering the effectiveness of hospital management. The hospital should classify and approve employee burnout by reinforcing psychological testing and intervention programs. Through the inception of methodological shift-work techniques, hospital managers should synchronise maximum daily working hours to avert extreme hours and minimise workload.

Decrease of Financial Constraints: Managers and supervisors pointed out the issue of financial constraints. They also observed growing financial constraints that result in debts and a lack of affordability.

The hospital management initiates and desegregated health and benefits that merge economic wellness with physical wellness by implementing a financial wellness program to aid employees with delivering education on processing capitalisation on their fiscal schemes. Miller (2017) suggested that educational themes including credit cut, accounts contraction, estate management, property supervision, and preserving for current and future demands would assist employees to reduce debts.

Work-life Balance: Participants viewed family issues and responsibilities as a factor leading to absent themselves. Participants who experience illness, stress, and domestic violence are more plausibly to be absent from work. While other studies have found work-life as a major determinant in public hospital employees, Mat Saruan, Mohd Yusoff¹ and Mohd Fauzi (2019) fulfill the work and family demands were more pronounced in this study. Hospital directors should amplify the presenteeism of their employees by constituting a conducive working environment and conveying exchange meetings to enhance an individual's coping capacity by awarding employees self-assertiveness to alleviate family and work problems, providing childcare centers within the hospital, and letting parents complete tasks from home.

Increasing Staff Morale: There is an urgent need to improve/increase the morale of the public health sector employees in South Africa. with participants feel a lack of appreciation, lack of promotion, and poor working conditions by the management of the hospital. The study discovered that participants observed that non-fiscal incentives namely, appreciation, and recognition will lessen absenteeism. Anticipatedly, managers must motivate personnel by conferring recognition for compliments and presence through awards ceremonies. The implementation of a Performance Development System (PMDS) inspires personnel to outstandingly perform their duties (Mello & Thabayapelo 2021).

Abstain from Substance and Alcohol abuse: Moreover, participants believed alcohol and drug abuse lead to unauthorised absenteeism which is influenced by the personal nature and behaviour lifestyle. Substance abuse increases the rate of absenteeism among employees by affecting a person's inspiration to go to work. It is recommended that the hospital develop programs for alcohol and substance abuse reduction. Developing the right policies and procedures for absenteeism. Nonetheless, hospital directors can nurture activities within various subdivisions to invent the emergence of quality collaborative connections between employees to boost their rapport capacity. This can also be completed through professional counseling; employees could discern the other support rendered and nurturance in wellness as recognition of their training. Policies on referral pathways must indicate employee-assisted programs or employee wellness programs to assist with counselling regarding leave patterns and assisting with personal problems i.e., substance abuse which must be dealt with on an individual basis (Jonas 2022).

Limitations of the Present Study and Suggestions for Future Research

Future research should include administrators within the public hospitals on the ground. The inclusion of the perspectives of more senior managers will allow for a deeper understanding of dynamics

leading to organisational level challenges expressed by the participants of the study. A quantitative study is appropriate for providing additional data and determinants of unauthorised absenteeism in public hospitals regarding absenteeism. Besides, a quantitative study will distribute precise information and will warrant researchers to drive generalised assertions respecting absenteeism of employees in the worksite in the Gauteng Province.

Conclusions

The study gave an exposition of the determinants of unauthorised absenteeism. The determinants of unauthorised absenteeism observed in study provided new understanding with regard to absenteeism. The study concludes that excessive workload, financial constraints, family issues and responsibilities, low staff morale, and alcohol and drug abuse are the major determinants of unauthorised absenteeism. However, the public academic hospitals management needs to improve the efficiency of public health sector by increasing staff levels, decrease financial constraints, improve work-life balance, increasing staff morale, and assist employees by abstaining from substance and alcohol abuse.

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Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

M.M developed the research idea and designed the study and was responsible for literature review, supervised the research done by T.L, reviewed the data analysed and was responsible for final integration of the research findings and compiled.

T.L collected and analysed the data.

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