

**ASSESSING THE EFFECT OF ABSENTEEISM IN THE EASTERN CAPE
DEPARTMENT OF HEALTH**

BY

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CHAPTER ONE

INTRODUCTION AND GENERAL ORIENTATION

1.1 INTRODUCTION

Many South African organizations are experiencing high absenteeism rates, which organizations can ill afford. As a result absenteeism continues to cost South African organizations and the government huge amounts of money every year despite numerous attempts by employers to reduce it. Dealing with absenteeism in the workplace requires tact and proper understanding of the underlying causes of absenteeism. Absenteeism can be defined as a specific employee's unavailability for work. It is the term that generally refers to unauthorized/authorized scheduled employee absence from the workplace. Absenteeism in employment law is the state of not being present that occurs when an employee is absent or not present at work during normally scheduled work period.

The Department of Health is a public entity and has the responsibility to provide quality health services to the community. The Government has introduced a service delivery mechanism which is enshrined in the White Paper on the Transformation of the Public Service in 1997, through the Batho Pele Principles which is to guide the Department of Health on the needs and goals of the citizens of the Eastern Cape Province that the Department of Health should be serving.

In any organization all employees are provided with various benefits such as vacation, maternity, paternity, compassionate and sick leave in accordance with the organizational policy which is sanctioned by legislation such as the Basic Conditions of Employment Act 75 of 1997. Sick leave, though legitimately sanctioned, has however been open to some abuse. All organizations has contingency plans to facilitate the continuous provision of efficient service delivery where staff shortage occur, resulting from the sanctioned absenteeism. The public service has also been characterized by high levels of absenteeism. Schultz, Nel, Gerber, Hassbroek, Van Dyk and Werner

(2001:582) define absenteeism as withdrawal of levels of productivity and collegial interaction for a given time to escape a perceived undesirable working environment. This behavior is disruptive to continuous organizational efficiency. Absenteeism is found in two forms that are avoidable and unavoidable. In the unavoidable form of absenteeism, the situation is unplanned and are governed by external factors, thus it is beyond one's control and has to be managed differently. Control of absenteeism can be excised by the immediate manager through the human resource section regarding the duration and terms of absence pertaining to salary and terms of services.

This study will focus on the effect that absenteeism can have on the implementation and maintenance of a client . centered service delivery culture, as portrayed by the Batho Pele Principles in the Eastern Cape Department of Health. The Eastern Cape Department of Health is suppose to be rendering essential service to the communities and therefore, it needs to be committed and self-sacrificing public service and provide high quality service to the Eastern Cape society.

1.2 BACKGROUND OF STUDY

The Department of Health is experiencing repeated negative press releases with the respect to the quality of service delivery in the Eastern Cape. The public sector is an entity that provides a unique service. This is made evident by the services provided such as provision of free health services for primary health care as well as free health services to children under six, disabled and senior citizens. The Eastern Cape Department of Health has developed service standards adopted in 2007 by the Eastern Cape Department of Health. This study aims to determine the casual effect of absenteeism and their relationship to poor service delivery. According to Makhubu (2006) many vacancies in the Eastern Cape Department of Health exist which result in service delivery problems. In terms of the second principle in the Batho Pele Principles the norms and standards which are service standards serves as a baseline where the Department of Public Service and Administration (2007) issued directive that the vacancy rate of any government department should range between ten and fifteen percent Makhubu (2006) further refers to the doctors/patient ratio as one is to three hundred patients (1:300), which is unhealthy and abnormal as the doctor/patient ration

in terms of the Health Professional is one is to thirty (1:30). Such cases pose an opportunity to those employees who are within the service to absent themselves from such unhealthy situations and this behavior later result in the exodus (professional drainage) of employee.

Schultz, Nel, Gerber, Hassbroek, Van Dyk and Werner (2001:582) define absenteeism as withdrawal of levels of productivity and collegial interaction for a given time to escape a perceived undesirable working environment. This behavior is disruptive to continuous organizational efficiency. Absenteeism is found in two forms that are avoidable and unavoidable. In the unavoidable forms of absenteeism, the situation is unplanned and is governed by external factors, thus it is beyond one's control and has to be managed differently. Control of absenteeism can be exercised by the immediate manager through the human resource section regarding the duration and terms of absence pertaining salary and terms of services.

1.3 STATEMENT OF THE PROBLEM

The Department of Health seems to be facing many challenges in providing the communities or the citizens of the Eastern Cape with a good quality health service. It has come to an attention that there is always a repetitive negative feedback from the newspapers that the researcher is concerned and embarked to investigate possible causes of these allegations.

The media has been very critical of the level of service delivery experienced in the public health care sector. The researcher is of the opinion that poor service delivery and negligence could be attributed to, amongst others, staff shortages due to high staff turnover could lead to high levels of fatigue experienced by the incumbent staff which consequently leads to poor service delivery. The researcher asserts that high absenteeism has a negative effect on the ethos of Batho Pele and the implementation and maintenance of a health care sector that wants to be client orientated and enable client satisfaction.

1.4 RESEARCH QUESTIONS

- To what extent does the absenteeism rate effect on service provided by the public health services in the Eastern Province?
- Is there a relationship between high absenteeism rate and poor health service delivery in the Eastern Cape Province?
- What is the linkage between employee attitude towards the customers/clients, Batho Pele Principles and service delivery by this study?

1.5 OBJECTIVES OF THE STUDY

- To critically analyse the level of absenteeism with the Department of Health.
- To establish the effect of absenteeism on service delivery in the Department of health.
- To determine which strategies have been put in place to minimize absenteeism and its effect in the public sector.

1.6 SIGNIFICANCE OF THE STUDY

This study will assess the effect of absenteeism on service delivery, narrowed down to assess the implementation of the Batho Pele Principle, as mandated by the South African Constitution, 1996 and the White Paper on the Transformation of the Public Service 1997. This was triggered by long queues which were generally observed in public health facilities, customers treatment received in public health facilities and customerq resistance to attending public health facilities. The interest of the researcher is to analyse the causes of these observations as some are attributed to employee stress due to absenteeism caused by high turnover rate.

1.7 DELIMITATION OF THE STUDY

The proposed study does not intend to give answers to the problem of poor service delivery offered by the Department of Health in the Eastern Cape instead seeks to assist the Department of Health in improving the absenteeism and the quality of service delivery rendered in the Eastern Cape.

1.8 OUTLINE OF CHAPTERS

This study consists of five chapters:

Chapter One: Introduction and Overview

This study will be conducted in the Department of Health. The research proposal will serve as the introduction in the final document. Here the problem statement will be indicated as well as the objectives of the study, research questions and the method that will be employed in conducting the research. A preliminary review will be done to establish whether the current study will be previously researched and the extent of previous work conducted on absenteeism.

Chapter Two: Literature Review

Chapter two explores literature on absenteeism, service delivery and a client self-centered organizational approach to conduct services in the public sector. The literature that will be used includes books, journals and other research papers. Relevant links in the world wide web will be used and publications from the Department of Public Service and Administration and Public Service Commission will be used as custodians of good governance in the public service.

Chapter Three: Absenteeism effect and Batho Pele Implementation in the Department of Health.

The chapter will be establishing the current state with regards to absenteeism in the Department of Health. Information will be gathered to assist the researcher in formulating an opinion or nullifying the assumptions made on absenteeism, service delivery and implementation of the Batho Pele Principle.

Chapter Four: Research Analysis and Findings

In this chapter the research methodology and findings will be discussed. The researcher will use self-administered questionnaires to collect data. The researcher will also explain to the respondents the purpose of the study, and the importance of returning the administered questionnaires to the researcher. The collected data will assist the researcher with analysis, drawing of graphs and proving or nullifying the assumptions made by the researcher on absenteeism, the Batho Pele Principle as well as service delivery.

Chapter Five: Recommendations and Conclusions

The chapter proposes recommendations and conclusions for the study based on the analysis and findings of the study.

1.9 CONCLUSION

This chapter discusses the background and context of the study, the research questions, the objectives, significance of the study, statement of the problem and delimitations of the study. The next chapter will discuss the conceptual and theoretical framework guiding this study and review literature related to this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The Department of Health is a public entity and has the responsibility to render health care to the public and therefore the health care system is encouraged to develop delivery systems and practices that are in line with international standards, management practices that promote efficient and compassionate delivery of services and ensures respect for human rights and accountability to the public (African National Congress 1994:43-44). This objective can only be achieved if the resources to provide such services are available. The human resources are vital factor for the health care sector as it is labour intensive. The Department of Health is funded from public funds and if the employees in the Department do not report for work, service delivery is compromised and the cost to the department in the form of salary expenditure becomes exorbitant, because the department must find replacement staff and pay for overtime. It is then when these factors are taken into consideration that workplace absenteeism becomes a cause for concern in the department.

Therefore it is an expectation that every employee who is hired to perform a job attend work on a regular basis in order that scheduled work assignments can be carried out by the most appropriate staff without disruption to other staff. Absenteeism is a serious workplace problem and an expensive occurrence for both employers and employees seemingly unpredictable in nature. A satisfactory level of attendance by employees at work is necessary to allow the achievement of objectives and targets by a department. Absenteeism of employees from work leads to backlogs, piling of work and thus delays. Hyperlink :<http://www.scribd.com>. In South Africa managers consider absenteeism their most serious disciplinary problem. It is a costly and disruptive and a major personnel problem that has concerned employers and attracted researchers. Studies show consistent patterns of absence behavior throughout organizations of varying sizes, industries and different regions of the country. Absenteeism therefore is not unique to

any industries or geographical area but is a major problem for every, particularly since downsizing and other lean and mean changes have left employers with a smaller work force. Guber et al (2006:123). The most comprehensive study on absenteeism has focused on the relationship between absenteeism and job satisfaction. This study investigates the effects of employee absenteeism on the services rendered in the Department of Health.

Employee management is a vital aspect in the workplace. It is in the management styles employed that an organization is able to recruit and retain its employees. Lack of absence management can result in a high turnover rate when not properly managed. However absenteeism when managed properly could be used as a tool to identify retention strategies. Motivational theories and performance management are important factors that can be used to curb and/or manage absenteeism in the workplace. In this chapter the context of absenteeism and its impact in the work place will be reviewed. This chapter will further discuss some of the causes of absenteeism as well as implications thereof for the Department of Health.

2.2 CONCEPTUAL FRAMEWORK OF ABSENTEEISM

The following paragraph describes the conceptual framework upon which this study is based.

Davey and Cummings (2009:322) amalgamated two theories to create a theoretical framework with the premise that employee attendance is based on two factors, the ability to attend and motivation to attend. The theoretical framework focuses on individual work ethics, demographics and from the work environment. Some form of absenteeism may be difficult to prove in a situation where the employer has two or more operational stations or the employee occasionally operates from a virtual office. The duty to render service is breached by the employee when the employee is physically present and mentally absent as would be the case of sleeping on duty. Workplace absenteeism is multi-dimensional, such as changes in the work environment that overburden the coping mechanism. As a result of this approach, a multi-dimensional

framework of absenteeism clouds the causative factor of absenteeism (Breetze 2009:1; Patrick 2001:24; Tustin 1994:52).

According to Unruh and Strickland (2007:674) absenteeism from the workplace contributes to a vicious cycle if a negative work environment which leads to more absenteeism and increased turnover. McCormick and Ilgen (1985:56) describes turnover as dysfunctional where an employee wishes to leave the organization and the employer prefers to retain the individual, and is functional where the employee wishes to leave the work organization and the employer accepts the termination of service by the employee.

2.2.1 WHAT IS ABSENTEEISM

Grobler (2006:23) defines absenteeism as failure to report for duty/work irrespective of the reason. Robbin and Grobler are of the same opinion that absenteeism is simply as+ the failure to report to work+. Nel (2001:549) is of the opinion that absenteeism is non . attendance of an employee when scheduled to work. The researcher in reviewing literature on absenteeism has identified that the concept of absenteeism is defined in a conflicting and contradictory manner. Some studies defines absenteeism as being absent from work without prior authority while others simply defines it as not at work whether authorized or not. Other studies refer to absenteeism as being not on duty when scheduled to be on duty. This means that absenteeism only refers to those absences which are not planned and the ones that you first get authority/permission for are not referred to as absenteeism but as non . attendance. Voluntary and involuntary has been another way used by some studies to define the absenteeism. Deery (1995:825 . 848) is of the opinion that voluntary absenteeism refers to an unconscious decision by the worker whether to attend or not to attend on any given day while involuntary absenteeism implies that it is beyond the workers immediate control to attend work.

Van der Merwe (1992:3) defines absenteeism as a failure of workers to report for, when they are scheduled to work. The failure to show up for work creates problem of widely varieying degrees for managers and administrators. Excessive employee absenteeism

can significantly drain productivity and profits, create innumerable problems for supervisors and the employees who work regularly. Many organizations have an Employee Assistance Programme (EAP) which determines the causes of absenteeism and assists the affected employee to overcome the identified cause.

Carrel et al (1997:428) writes that the primary reasons for the company . sponsored EAPs have increased is that they may enhance a company's profitability by reducing absenteeism, turnover, tardiness, accidents and medical claims. It is estimated that a troubled employee costs the employer at least five per cent of that employee's annual salary.

Mathis et al (2004:93) states that controlling voluntary absenteeism is easier if managers understand its causes more clearly. There is a variety of thoughts about reducing voluntary absenteeism. Organization policies on absenteeism should be clearly stated in an employee handbook and stressed by supervisors and managers. The policies and rules on organizations uses to govern absenteeism may provide a clue to the effectiveness of its controls.

Absenteeism is a huge cost and disruption to employers. It is obviously difficult for an organization to operate smoothly if employees fail to report to their duties, Robbins and Judge (2009:62). Employee's presence at work place during the scheduled time is highly essential for the smooth running of the production process in particular and the organization in general. Absenteeism therefore should refer to the failure on the part of employees to report to work when there are scheduled to work irrespective of the reason. In other words, authorized and unauthorized absences constitute absenteeism. Absenteeism costs money to any organization, besides reflecting employee dissatisfaction with the company.

Absenteeism has four main categories which are authorized absenteeism. If an employee absents himself from work by obtaining permission from his superior and applying for leave, such absenteeism is referred to as Authorized Absenteeism. Unauthorized Absenteeism is when an employee absents himself from work without applying for leave.

According to Robbins and Judge (2009:62) recent surveys indicate that it is difficult for any organization to operate smoothly and to attain its objectives if employees fail to report to their jobs. The work flow is disrupted and important decisions are delayed. Nel, Gerber, van Dyk, Haasbroek, Schultz, Sono, Werner also agrees that research on absenteeism is important due to the disruption effect it has on any organizations operations as well as the related costs involved. The majority of sick leave abuses is the short term sick incident on one, two to three days sick leave. If all the reasons in the absence of the employees are on health issues, therefore absenteeism can be linked to the stress they gathered in the department. All of the work related stresses or problem that the employee can experience may result in their attendance.

De Wit focused on attitudes towards job factors that had an influence on absenteeism and was not able to find a high coefficient in the test sample. McGoldrick and Arrowsmith (2001:8) claim that an organization is healthier for a spread of ages. Ferguson et al (2001:38) states that aging employees expose organizations to high levels of absenteeism through higher probabilities of becoming disabled for longer periods.

Rogers and Hertin (1993:217 . 222) found a correlation between the use of sick leave and age. Employees with advanced age comparatively, used more sick leave in comparison with younger employees. The level of education seems to have influenced the use of sick leave where are the lower level categories of employees were found to have a higher level of absenteeism than higher educated individuals.

Robbins et al (2004:47) states that married women employees have fewer absences and undergo fewer job turnovers. Rogers and Hertin (1993:222) express tenure as work experience in years that is viewed as a predictor of employee productivity where seniority has been found to be inversely related to absenteeism in term of frequency and total number of work-man days lost. The level of education was found to have an influence where the lower category of employees was found to have higher level of absenteeism than higher educated employees.

The link between skilled employees and absenteeism suggested that employees may have utilized absenteeism as a means of compensating for perceived organization contributions not extrinsically rewarded. Unruh et al (2007:674) found that absenteeism from the organization does contribute to a vicious cycle of a negative work environment which leads to more absenteeism and increased turnover.

Research studies undertaken by different authors reveal that the rate of absenteeism is the lowest on pay day; it increases considerably on the days following the payment of wages and bonus. Absenteeism is generally high among the workers below 25 years of age and those above 40 years of age. The rate of absenteeism varies from department to department.

Another form of absenteeism which is poorly or not documented at all by many institutions is called culpable absenteeism, when an employee manages to go to work, but cannot be found after signing in. This type of absenteeism also happens during the course of the day when employees leave their workstations for one or other reasons without permission. Poor time keeping or lack of punctual also falls in this form of absenteeism. Here employees come to work but arrive late and slip off early.

2.3 THEORETICAL PERSPECTIVE OF ABSENTEEISM

2.3.1 Classification of absenteeism

McCormick and Ilgen (1985:56) and Davey and Cummings (2009:313) classify absenteeism as voluntary when the absence is based on the conscious decision by the health care giver to withhold contractual services. The absence is uncertified, unauthorized and unexcused, while involuntary absenteeism occurs for reasons beyond the control of the health care giver, such as illness, injury or family responsibility. Employers are challenged with the task of differentiating between the absence due to elective workplace absence and absence due to illness incapacity. The difference is based on whether the illness incapacity is validated by a legitimate medical certificate in terms of the prescript of section 23 of the Basic Conditions of Employment Act 75 of (RSA) 1997.

2.3.2 Definition of key concepts

Workplace absenteeism is absence of the employee at the workplace that is defined by Du Toit and Van Der Walt (1998:139) as the place that the institution makes available and where officials have to perform their work. It forms part of the internal environment for public administration in the public service. Bamford, Klein and Engelbrecht (1999:11) refer to absenteeism as employees taking time off that has not been scheduled.

(a) Employer

DPSA (PILIR) (2009:) states that an employer is the Head of Department or designated office which will be responsible for the handling an investigation of incapacity leave applications and ill-health retirement applications. Bendix (2000:129) defines an employer as any person, working for another person or state and who receives remuneration.

(b) Employee

Du Toit, Woolfrey, Godfrey, Rossouw, Christie, Cooper, Giles and Bosch (2003:68) state that an employee is a person who works for a single employer, fulltime and permanent capacity is subject to the supervision of the employer, and receives a regular monthly or weekly remuneration and is obliged during working hours to place his or her productive capacity at the employer's prescribed disposal. The Basic Conditions of Employment Act, 75 of 1997 section 1(a) of the Republic of South African 1997 and Todd (2001:1) refers to an employee as a person who works for another person and is entitled to be paid for, or conduct the business of the employer.

2.4 SERVICE DELIVERY

Service delivery as underpinned by the Batho Pele Principles is a quality improvement programmed that should be centered on the dimensions of quality in health care and include technical competence, access to service, effectiveness of service, interpersonal relationships, efficiency, continuity safety and amenities. Service delivery is continuous quality of service. These two concepts of service delivery and quality are inseparable.

Quality is multifaceted and multidimensional concept. Quality improvement encourages (Nzanira,2002).

2.5 CLIENT CENTERED APPROACH

The client-centered approach is achieved by putting in practice the Batho Pele Principles as mandated by the White Paper on Transformation Public Service Delivery, 1997. This system makes clear how the eight Batho Pele Principles focus on putting the client's needs first through consultation before administering anything, the client needs to be consulted, delivering the promised services at the promised time, which relates to service standard, ensuring that the offered service is administered with great care meaning courtesy when dealing with people in the Batho Pele Principles: allowing for openness, transparency and access to information as well as the public health facilities; giving of explanation and remedying mistakes and failure thus redressing situation. This approach when implemented could yield best results to patient care, (White Paper on Transformation Public Service Delivery, 1997).

2.6 THE EFFECT OF ABSENTEEISM

Absenteeism has a negative effect on the communication strategy of the organization as patients need to be informed of how the facility is being run, what constitutes quality patient care in terms of national norms and standards patient ratio. The communication of the status quo of a healthy facility deprives the patients access to open and transparent communication. The virtue of being courteous and sharing information is duty.

Employees can be absent from work for several reasons. Clearly some absenteeism is link unavoidable. People do get sick and have family issues such as sick children that make it impossible for them to attend work. This is usually referred to as involuntary absenteeism. However, much absenteeism is avoidable and is called voluntary absenteeism. Nel et al (2001:326) link performance to absenteeism by giving meaning to the levels of motivation as; the minimum level . doing less than is required; expected level . and doing just what is required; maximum level . doing more than is required. When a person is functioning at the first level or the third level as mentioned above, this

may be a cause for absenteeism. Motivation when not properly managed could cause employee to act in an unacceptable behavior. The performance management system when not implemented or not properly managed could be a great cause for high absenteeism rate.

Employees experience social problems that may contribute to absenteeism, for example a parent may not have a helper to look after the child and therefore this prevents her from going to work.

2.7 CAUSES OF ABSENTEEISM

It is extremely important for the institution to make an effort to understand why employees absent themselves and to put programmes in place to assist employees to balance work-life issues that can lead to reduction in absenteeism. Unmet expectations person to work relationship will influence absenteeism. Human Resource practitioners must stay sensitive that people do get sick and that they do encounter problems that might prevent them from coming to work. It is also a fact that people for various reasons do abuse the sick leave that they are granted by the institution, Nel (2001:582) various research studies agree with Nel in fact that employees do abuse sick leave. According to the research study done by HR, Institute of higher education the following are the general causes of absenteeism: Maladjustment with the working condition, social and religious ceremonies, unsatisfactory working conditions at the work place, poor welfare facilities, alcoholism, indebtedness and so forth.

Even though absenteeism can be attributed to stress, high vacancy rate and other factors Ivancevich and Matterson (1996), examines how prior absenteeism in one job is related to subsequent absenteeism in a new job in the same institution. In addition the study examined the relationship absenteeism has on new jobs and three work attitudes organizational commitment, job satisfaction and role overload. Here the specific hypothesis tested was: past absenteeism is better predictor of new job absenteeism in the same organization than are the employee attitudes. This relationship can be affirmed by example of an institutional culture where absenteeism is acceptable as institutional working conditions and penalties are very minimum.

Geber, Nel and van Dyk (1998:323) ascertain the relationship between group cohesion, productivity and other institutional outputs through Grey and Stake (1984:447) as they explain the relationship. Groups with high cohesion experience lower job turnover and less absenteeism. Group members handle interpersonal problems in a variety of ways work, as attendance at the job is a prerequisite for productivity, groups with high cohesion and strong conformity can promote high productivity. Friction and conflict in interpersonal relations within a group can be a cause effective for withdrawal from work.

Employees who are deeply involved are more inclined to increase their participation in the activities of the institution. Employee attendance is increased when they feel committed to the institution and develop a strong desire to stay and continue their contribution to goal achievement with which they identify.

As has been alluded to, these caused have implications on absenteeism for both the service and service providers. In this instance, service provider refers to the employer which is government, experiencing a loss due to absenteeism while the service users meaning the society are not getting quality services whether due to shortage resulting in stressed workers or due to long hours worked resulting in fatigue.

2.8 PURPOSE OF ABSENTEEISM MANAGEMENT

Nel et al (2001:582) define absenteeism as withdrawal behavior when it is used as way to escape an undesirable working environment. Van Der Merwe and Miller (1988:3) define absenteeism as an unplanned, disruptive incident; more especially it can be seen as non-attendance when an employee is scheduled to work. Robbins (2003:24) defines absenteeism as a failure to report to work. When viewing these definitions, it is evident that absenteeism needs to be monitored as a lack of its management can lead to no or poor service delivery.

Employee when joining the Public Service come with their inputs which include qualifications, expectations and their vision to make a difference, to bring a positive change to the organization. This is especially evident when it comes to professionals and skilled people. Nel et al (2001:583) states that, if the employees expectations are not met, in terms of an enabling environment for bringing about innovation, the

employee could, out of frustration due to long bureaucratic channels, abuse sick-leave as a mechanism to withdraw temporarily from the job or the job situation. As the public service is a highly regulated organization, some employees who are enthusiastic to implement new creative ideas may become frustrated on realizing that legislation may be a barrier in improving the services and might decide to leave the organization; this therefore implies that government should consider a flexible environment that can be exercised within its legislation and systems. Using a practical analysis of how the throughput effect is applicable if absenteeism is not managed at the organization level, the employee inputs . skills and competencies which they bring to the organization cannot be processed through the legislation and systems which in this case are transformation processes disabling the production of the required or anticipated results, in other words efficient and effective service delivery will not be achieved. This, can be an enabler for absenteeism.

The relationship between qualifications and the job are important factors in ensuring satisfaction for the employees. Nel et al (2001: 583) states that should the employees' personality, ability, and skills not be congruent with the job requirements, the person becomes either bored or stressed and withdraws from the situation by being absent. Therefore, absenteeism causes are multifaceted and if not managed can be major causes from non-delivery of services. It becomes imperative that this relationship between qualifications and job satisfaction is closely monitored and managed in order to maximize the delivery of service.

2.9 OUTCOMES FOR MANAGEMENT OF ABSENTEEISM

The monitoring of absenteeism and labor turnover is a human resource function which is often neglected, and which also has employment relations implications if not properly managed; for example, Nel et al (2006:156) states that high turnover and absenteeism rates often show poor management and conflict with the relationship with labor, it is responsibility of the human resource section and the line managers to monitor and establish reasons for high turnover and absenteeism. Scheduled time off for employee vacations is an inevitable cost of doing business. In addition, costs related to unscheduled absenteeism can be reduced through wellness programmes, disability

management and flexible time-off options. Employers cannot escape the salary costs of time off the job, but when they plan ahead they can often eliminate indirect costs such as hiring a temporary worker, paying someone else to work overtime or lost productivity.

Feris and Bruckely (1996:16-157) state that the final people processing activity in personnel and human resources management is institutional exit, or the way in which people voluntarily or involuntarily move out of institutions. Two most commonly discussed issues related to exit are absenteeism and turnover. They represent major costs to many institutions. However a basic difference exists between the costs associated with absenteeism and turnover. Costs and causes of absenteeism, whether determined personally or per situation, tend to remain with the institution while costs and causes of turnover, on the other hand, sometimes leave the institution. This can prove to be advantageous especially if the people who leave the institution are poor performers and those who replace them bring in new perspectives and talents. Decision about absenteeism and turnover, ultimately made by employees are therefore, considered to be more voluntary than involuntary.

2.10 IMPACT OF WORKPLACE ABSENTEEISM

Lambert et al (2005:6,36) claims that absenteeism has adverse effect on those employees who are good attenders as they are shuffled around to fill in the positions of absent employees. Organizations suffer the detrimental effects and consequences of employee absenteeism. Management expends valuable time to modify employee assignments to respond to absences. When employees who are in management or in highly specialized job assignments report sick, the work assigned to them remains undone because their positions remain vacated and the work remains for them to complete. The responsibility and accountability these employees are entrusted with may influence less use of sick leave by them.

2.11 MEASURES TO CONTROL WORKPLACE ABSENTEEISM

The general behavior and actions of public officials are determined by specific ethical codes of conduct and the unethical conduct results in effective administration and unsatisfactory service delivery (Andrews 1997:33). Effective control of workplace absenteeism requires an absenteeism policy to be in place, management to establish the magnitude and patterns of absenteeism, and raise awareness about the consequences of breaking these rules (Bamford, Klein & Engelbrecht 1992:2).

Control or reducing absenteeism must begin with continuous monitoring of the absenteeism statistics in work. Such monitoring helps the managers pinpoint employees who are frequently absent and departments that have excessive absenteeism.

The Public Service Regulations, 2001 F (c) holds the manager accountable when an employee abuses sick leave (RSA 2001). According to Parbhoo (2003:6) and Nel et al (2008:145) the doctor patient confidentiality is not above reach to the employment relationship, by suggesting that the employer can question the authenticity or contests of the medical certificate if there is sufficient reason to do so within the confines of confidentiality.

According to Breetzke (2009:2) South African employees are challenged by global trends to seek mechanisms to deal with excessive absenteeism at the workplace. The Chartered institute of Personnel and Development (CIPD) (2008:11) claims that the 2006 survey showed that public sector employees are less likely to be disciplined or dismissed for reasons of workplace absenteeism.

According to Nel et al (2001:584 high workplace absenteeism is suggestive of incidence that is of short duration and therefore more disruptive to the operational plans of an institution as prior knowledge of pending workplace absenteeism allows for forward planning and reduction of the costs associated with absenteeism.

2.12 CONCLUSION

The researcher may attribute the consequences of the high absenteeism in the Eastern Cape Department of Health to the negative perceptions of customers on the expected services versus the rendered service as much as it is not limited to perceptions. Absenteeism has been analyzed by various authors and various conclusions have been drawn. Absenteeism was assessed against Batho Pele Principles and deductions were more positive inclined as the relationship between the two absenteeism and service delivery is absent when the employee is not at work.

The application of absenteeism management and its effect on service delivery and its purpose alluded to earlier in this chapter is information to proactively consider and manage situations that will have a negative effect on the delivery of service as this is the mandate of any public institution. Absenteeism is an indicator of possible poor conditions of service. Once the conditions of service are improved, the absenteeism rate could be reduced. It can be argued that salaries, manpower development and communication can be critical elements that need attention in order to reduce absenteeism. Payment of incentives to deserving employees could also discourage absenteeism, provided that such incentives are not in contradiction with legislative prescriptions.

The Batho Pele White Paper aims to provide a citizen-oriented customer service. It calls for a shift away from inward-looking, bureaucratic systems, processes and attitudes to the issues and interests of the people or public.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The Chapter focuses on the methodology used to assess the effect of absenteeism in the Department of Health. The research design and the methodology that have been used to collect data are discussed below. The data are collected in terms of the characteristics of the stratified random sample such as absenteeism of the different occupational categories, gender, age, tenure of service, race group and salary.

This chapter describes the research methodology and methods were employed in the quest to answer the research questions extrapolate from the research problem in chapter one.

3.2 Research Design and methodology

A research designed is the overall plan for relating the conceptual problem to relevant empirical research. It is a quantitative descriptive research that involves the systematic collection of numerical information under conditions of considerable control. The choice of the research design influences subsequent research activities such as identifying the target subjects, what data to collect and how they should be collected. The research design is a descriptive survey which is concerned with characteristics of a specific population subject, at a fixed point in time for comparative purposes. The focus is on a representative sample of the relevant population. It is concerned with the accuracy of the findings and their generalizability. The survey is used to understand the behavior of employees with regards to motivation, satisfaction and grievances the (Babbie 1992:89; Ghaurie et al 1995:27- 60; Brink 1996:11; Welman et al 2001:52).

According to Wilmen, Kruger & Miltchell (2005:52) defines research design as a plan according which we obtain participants (subjects) and collect information from them. Research design entails by the plan by the researcher on what research instruments are to be used by the investigator, how data is going to be gathered and possibly how it will attempt to provide logical answers and solutions to the research problem.

Bless & Higson (1995:63) defines research methodology as the programme to guide the researcher in collecting, analyzing, interpreting and observing facts while Strauss & Corbin (2000:19) are of the opinion that research methodology can be described as a scientific process that seeks to provide answers to questions through systematic approach with the support of credible data. In this study both quantitative and qualitative approaches will be used. This study will consider the information that cannot be quantified, but express by words to describe the experience. Mouton & Marais (1990:175) are of the opinion that quantitative research is characterized by the fact that the researcher tries to get to multi meaning and interpretations rather than impose one dominant interpretation.

3.2.1 Quantitative Research Methods

Creswell (1994:1-2), defines quantitative study as an enquiry into social or human problems, based on testing a theory composed of variables, measured with numbers and analyzed with statistical procedures in order to determine whether the predictive generalizations of the theory hold the truth. There is an important distinction between quantitative research and qualitative research. In quantitative research, the information obtained from the participants is expressed in numerical form. Studies in which we record the number of items recalled, reactions times, or the numbers of aggressive acts are all examples of quantitative research. In qualitative research, on the other hand, the information obtained from participants is not expressed in numerical form. The emphasis is on the stated experiences of the participants and on the stated meanings they attach to themselves, to other people, and to their environment. The qualitative research sometimes makes use of direct quotations from their participants, arguing in the ng that such quotations are often very revealing. There has been rapid growth in the use of qualitative since the mid . 1990\$. This is due to increased dissatisfaction with the quantitative or scientific approach that has dominated psychology for the past 100 years.

Bless & Higson (2002:86) are of the opinion that quantitative research method quantifies data to record aspects of society. It reduces collected data to some numerical representation of what is being measured. This study sought to assess the effect of

absenteeism in the Department of Health and its impact on service deliver in order to improve health status to the public at large hence questionnaire survey were conducted, in which closed questions were computed and graphically analyzed.

3.2.2 QUALITATIVE RESEARCH METHODS

In contrast, the qualitative approach stems from the interpretative approach; it is ideographic and thus holistic in nature, and it aims mainly at understanding social life and the meaning that the people attach to everyday life (Denzin & Loncolm, 1994:1 - 2). In its broad sense it refers to research that elicits participant accounts of meaning, experiences or perceptions. It also produces descriptive data in own writing or spoken words. It involves identifying the participant's belief and values that underlie the phenomena under study. Quantitative research is therefore concerned with understanding rather than explanation; naturalistic observation rather than controlled measurement; and the subject exploration of reality from the perspective of an insider as opposed to the outsider perspective that is predominant in the quantitative paradigm (Denzin & Lincoln, 1994: 1 . 2). Qualitative investigators are not only interested in the number of items or statements falling into each category, their major concern is usually in the variety of meanings, attitudes, and interpretations found within each category. In this study, collection of information was based on the assessment of absenteeism and its impact on service delivery; hence using this approach, information was collected through open-ended question items on the self . performance questionnaires.

3.3 TARGET POPULATION

According to Bless & Higson (1995:87) target population is defined as a set of elements that the researcher focuses upon and to which results obtained by testing the sample should be generalized. In many cases the researchers draw their own conclusion about the findings of research. The target population consisted of the Superintendent General, Chief Directors, Human Resource Managers and Administrators.

3.4 SAMPLE AND SAMPLING METHODS

Sample is a subgroup of the population the researcher is interested in. Sampling is therefore a process whereby one makes estimates or generalizations about a population based on information contained in a portion the entire population. Sample representativity is paramount, Borg & Gall (1979: 178) point out, a sample should not only be selected, so as to be representative of the population from which it is drawn, but it should also be large enough so that the investigator can be reasonably sure that if a different sample had been drawn, using the same procedure, similar results would be obtained. It is the goal of quality research to have a sample that is truly representative of the total population from which the sample has been selected. The sample for this study will consist of Superintended General, Chief Directors, Human Resource Managers and Administrators.

3.4.1 Snowball sampling

Adam (1991:166) writes that snowball sampling may be defined as obtaining a sample by having initially identified subjects who can refer the investigator to other subjects with like or similar characteristic. Hence, De Vos Strydom et al (2005:85) are of the opinion that snowball sampling involves the approaching of a single case that is involved in the phenomenon to be investigated in order to gain information on the similar persons. In this study the Superintendent General is used by the researcher as a single case and it is through the Chief Director, in the Department of Health that further people who could make up the sample were identified.

3.4.2 Purposive/ Judgmental Sampling

Purposive sampling is the type of sampling that is based entirely on the judgement of the researcher, in that a sample is composed of the elements that contain the most characteristics, representative or typical attributes of the population (Sinleton et al, 1988:104). Researcher rely on their experience, ingenuity and previous research findings to deliberately obtain participants in such a manner that the sample obtained may be an participants in such a manner that the sample obtained may be regarded as representative of the relevant population. Purposive sampling is the type of a no-

probability sampling in which researchers select a sample with a purpose in mind. The researcher used purposive sampling because, the selected respondents from Department on Health that is Head of Department, Senior Managers in the Department, Human Resources Manager, administrators within the Department were considered to be appropriately informed to provide the researcher with the required and relevant information that would seek to solve the problem identified. Questionnaires were administered to the personnel of the Department of Health.

As alluded to earlier the sample for this study consisted of the Head of Department, the Senior Managers in the Department, Human Resources Manager, administrators within the Department.

3.5 DATA COLLECTION

Data collection is a term used to describe a process of preparing and collecting data. The purpose of data collection is to obtain information to keep on record, to make decisions about important issues, to pass information on the others. Primarily, data is collected to provide information regarding a specific topic. In this study, two sources of data were used, that is, primary and secondary sources. Kumar (2005:129) writes that collective administration is one of the best ways of administering a questionnaire, where information is obtained from receptive participants in a programme. He also identified a number of instruments that can be used to gather information, among these are interviews, intake forms, questionnaires and survey and attendance records. In this study, questionnaires are used as a method of collecting data from the respondents.

3.6 QUESTIONNAIRES

According to Kumar (2005:126) a questionnaire is a method used for collecting data by means of written questions which calls for responses on the part of the respondent. In this study structured self-administered questionnaires were designed by the researcher and completed by the respondents from the Department of Health Bhisno Eastern Cape. They consisted of both open-ended and closed-ended questions. Open-ended questions enable respondents to fully express their view freely and to give detailed and precise information. De Vos et (2005:175) write that closed-ended questions enables

enable the respondents to understand the meaning of the questions better, questions are answered within the same framework and responses can consequently be compared with one another.

However, the researcher is aware of the following disadvantages of questionnaires: the respondents might have provided responses they though would please the researcher and this might not reflect their true perceptions and attitudes, thus distorting the facts. Some respondents may choose not to answer all questions and no reasons would be given for the omission. Valuable information might therefore have been lost as the answers would be usually brief especially in close-ended questions (Kummar, 2005:130).

3.7 ETHICAL CONSIDERATION

Any research that involves people must now show an awareness of the ethical considerations and an agreement to conduct the research in accordance with ethical procedures (Bak 2004:28). In this study, the ethical issues are strictly observed and adhered to: confidentially, informed consent and voluntary participation.

3.7.1 Confidentiality

Welman et al (2005:181) states that the principles underlining research ethics are universal and they concern issues such as honesty and respect for the rights of individuals. Laws and statutes are in place to protect the privacy of participants and to ensure that the information released only when necessary. Participants in this study are guaranteed of confidentiality, no identifying information would be disclosed in any part of the study.

3.7.2 Informed consent

De Vos et.al (2005:60) acknowledges that informed consent ensures the full knowledge and co-operation of subjects. Parties to the research should be briefed about the risks, if any of being a part of the research. A researcher can also pronounce the benefits of the research, but however she should not do it in the manner that smacks of bribery. In this study respondents are fully informed about the study, its aims and purpose. The

respondents are also informed about their choice to decline participants and to withdraw from the study at any time.

3.7.3 Voluntary Participation

No one should be forced into participating in research projects because the process has to be voluntary, however Babbie & Mouton (2002:521) maintain that though the norm of voluntary participation is important it is often impossible to follow it, this comes in face of some compelling situation where by if a researcher seeks the voluntary participation of subject it might compromise the information collected and thus effectively it will nullify the findings.

3.7.4 Avoidance of harm

According to Babbie (2007:28) avoidance of harm is a fundamental rule of research. Harm can either be physical or emotional and emotional harm is difficult to determine and to predict its occurrence. Bryman & Bell (2003: 542) are of the opinion that one of the problems with the harm-to-participants is that it is not possible to identify in all circumstances whether harm is likely, though that point should not be taken to mean there is no point in seeking to protect participants. The researcher should carefully examine whether the involvement of subjects is likely to harm them in anyway. If there is a possibility of harm, the researcher has to see to it that it is minimized.

3.8 DATA ANALYSIS

Data analysis helps establish how participants make meaning of the specific phenomenon by analyzing their perceptions, attitudes, understanding, knowledge, values, feelings and experiences in an attempt to approximate their construction of the phenomenon (Maree, 2010:99). Data analysis is a practice in which raw data is ordered and organized so that useful information can be extracted from it. The process of organizing and thinking about data is key to understanding what the data does and does not contain. There are a variety of ways in which researchers can approach data analysis, and it is notoriously easy to manipulate data during the analysis phase to push certain conclusions or agenda. For this reason, it is important to pay attention when

data analysis is presented, and to think critically about the data and whether the conclusions drawn are reliable. The most satisfactory approach is to see whether the findings obtained from a qualitative analysis can be replicated. This can be done by comparing the findings from an interview study with those from an observational study. The qualitative data from interviews and secondary documents are to be analyzed using content analysis and logical analysis techniques. Graphs are to be used in this study because they present data in a way that is easy to understand, interpret and comprehensible.

3.9 CONCLUSION

This chapter provided an explanation of the research methodology used in the study. Both quantitative and qualitative methods are used. This chapter described the sampling procedures used and data collection techniques. The next chapter will deal with the presentation, analysis and interpretation of data gathered from questionnaires.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

In this chapter, the data is presented and analyzed. Data analysis helps establish how participants make meaning of the specific phenomenon by analyzing their perceptions attitudes, understanding, knowledge values, feelings and experiences in an attempt to approximate their construction of the phenomenon (Maree, 2010:99). Data analysis is a practice in which raw data is ordered and organized so that useful information can be extracted from it. According to Mouton (1996:108) data analysis is the process of bringing order, structure and meaning to the mass of collected data, making sense of what respondents would have said. The process of organizing and thinking about data is key to understanding what the data does and does not contain. There are variety of ways in which researchers can approach data analysis, and is notoriously easy to manipulate data during the analysis phase to push certain conclusions or agenda. For this reason, it is important to pay attention when data analysis is presented, and to think critically about the data and whether the conclusions drawn are reliable. This can be done by comparing the findings from an interview study with those from an observation study. This study utilized primarily the quantitative method. This data will be analyzed proportionally to the objectives of the study; that is the level of absenteeism in the Department of Health as well as to which strategies have been put in place to minimize absenteeism and its effect in the public sector. This information was obtained through questionnaires and will assist the researcher with analysis, drawing of graphs and detailing the responses to indicate which direction the assumptions made are following, either confirming the opinion or nullifying the assumptions made on absenteeism.

4.2 Background to the Research Methodology

The study was quantitative in that data collected was in relation to the problem questionnaire consisted of three sections in this respective order, the biographical information section, the factors affecting absenteeism and the control measures that can be deduced to reduce absenteeism .

The researcher intended to interview the participants one . on-one so as to maximize the response rate for questionnaires as there was a high possibility of not returning the questionnaires due to the nature of the study. However, this was not possible in institution especially the Managers even though the appointment was made prior to the visit. This was to an extent due to the nature of their service within the facility especially at the hospital level of care with emergency cases and questionnaires were therefore left for their input at a convenient time for them . Since the study was explained to the respondents before the visits, reminders and follow-ups to the participants that were selected assisted in receiving them back in time.

4.2.1 Quantitative Data Analysis

Not all respondents returned their completed questionnaires. The response rate of the questionnaires distributed and received is as shown in table 4A below.

Table 4.1

Questionnaires distributed and received

Questionnaire	Distributed	Received	M	F	Response Rate (%)
Department of Health	30	25	15	10	83 %
Total	30	20	11	8	63 %

Twenty-five out of thirty respondents completed and returned their questionnaires. Some of Department officials returned their questionnaires and that gave a total response of 63%. In line with this Bailey (1982: 165) is of the view that, a response figure of at least fifty percent (50%) should be sufficient for analysis of the data, a figure of sixty percent (60%) can be as %good+ and a figure of seventy percent(70%) can be seen as %very good+. Hence this study has a very good response rate which is acceptable for analysis.

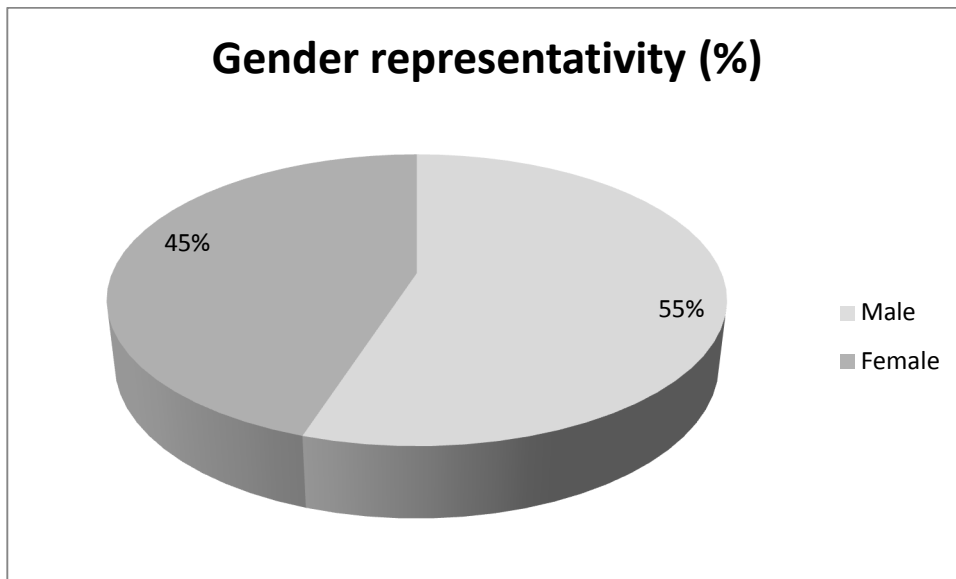
4.2.1. Demographic Details of the Respondents

The following diagrams show the gender, age, marital status, level of education and ethnic group of the respondents within the Department of Health.

4.2.1.1 Gender

Figure, 4.2.1.1 Gender representativity

Figure 4.1

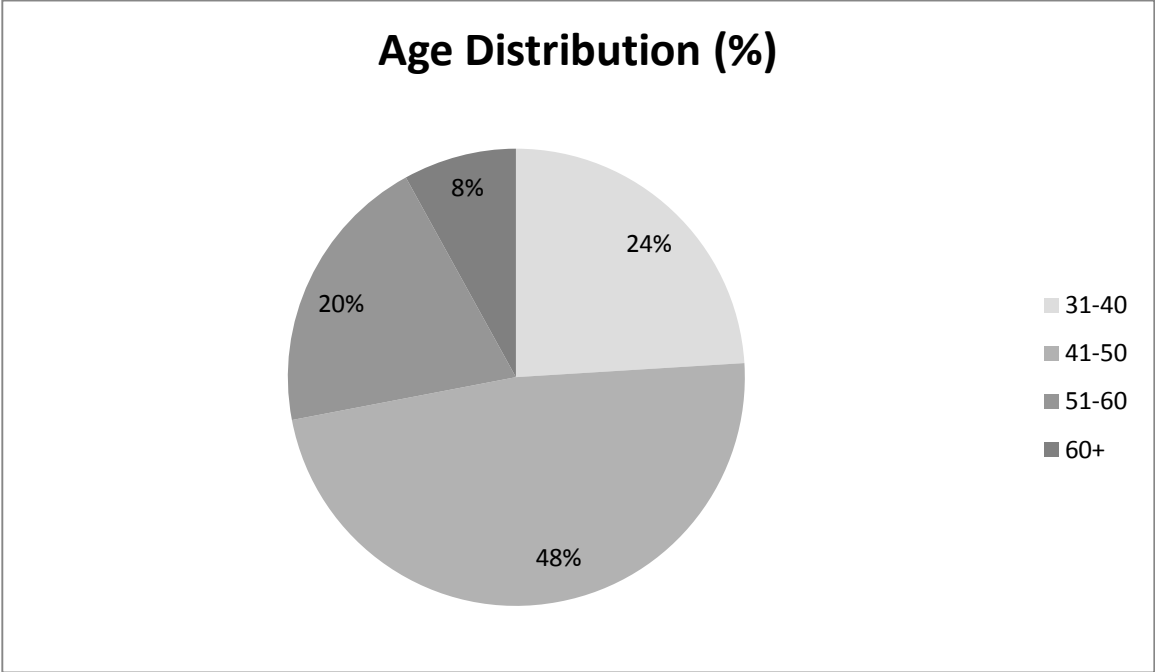


The figure shows the gender of the respondents in the study. The respondents used by the researcher consisted of both males and females. The male respondents that completed the questionnaire were (55) and forty five (45) were the females. In percentage terms this translates to eighty percent (80%) males and twenty percent (20%) females. The analysis of the data indicates that the department is not doing well on the issue of gender equity.

4.2.1.2 Age Distribution

The age distribution of these respondents is shown in figure 4.2 below. Of the respondents that completed the questionnaires, indicated that they were all mature with the highest age range being 40+ and 21- 29 being the lowest age range in the age groups. 28 of the respondents had ages that ranged from 21-29, (35%) ranged from 30-39 while (25%) had ages ranging from 40-49. Fourty percent (40%) of the respondents were in the range of 50- 60 and 60+ respectively.

Figure 4.2
Age Distribution

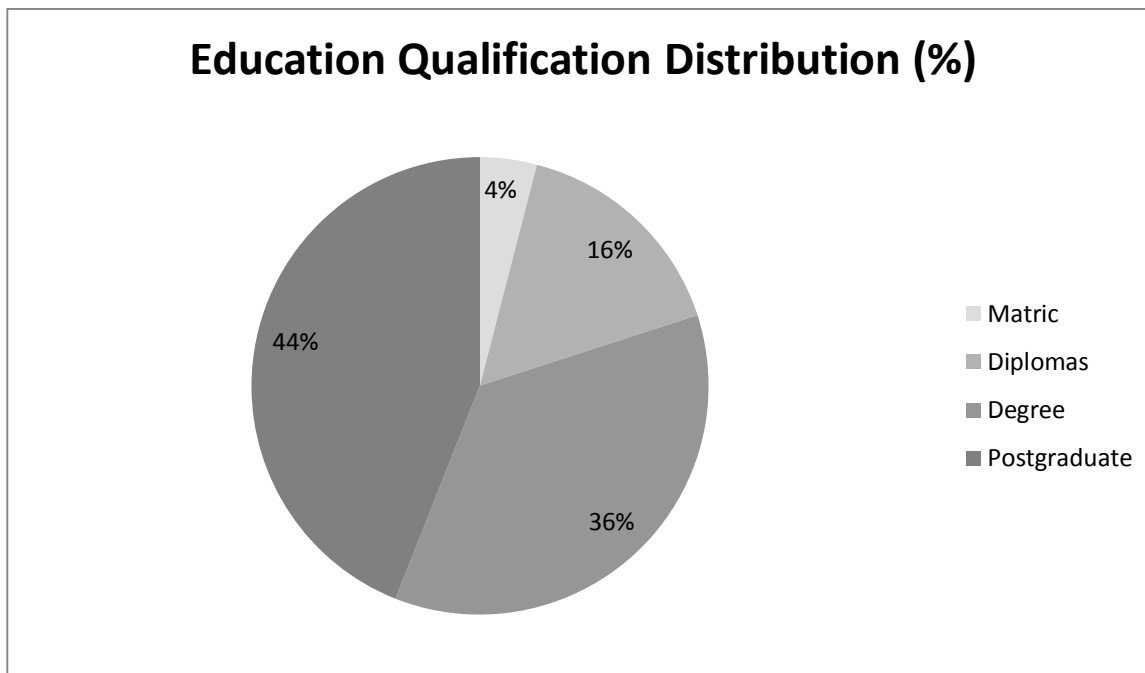


4.2.1.3 Educational Qualification Distribution

The educational qualifications of the respondents are shown in figure 4.3 below. The educational levels of the respondents ranged from matriculation to postgraduate level. One of the respondents had a matriculation as the highest qualification representing four percent (4%). Four had diplomas and nine had degrees representing sixteen percent (16%) and thirty six percent (36%) respectively. Eleven or forty four percent (44%) had post graduate qualification. This suggests that in general, the respondents were academically qualified to understand the questions posed to them through the questionnaires.

Figure 4.3

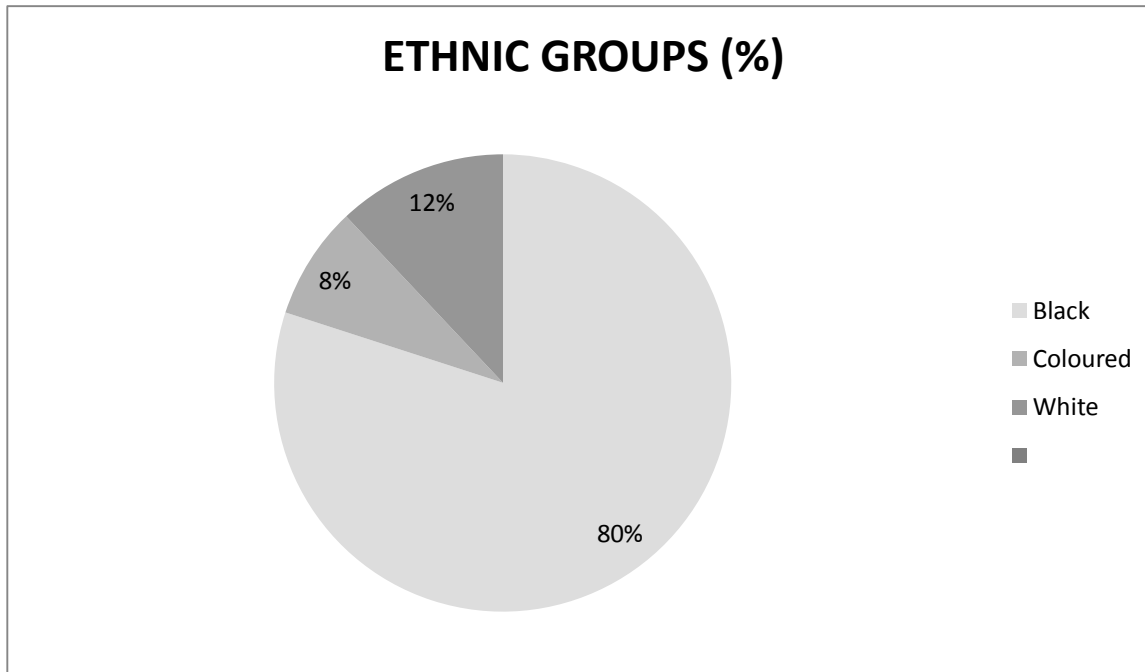
Educational Qualification Distribution



4.2.1.1.4 Ethnic Groups

Figure4.4

The respondents used in study composed of three different ethnic groups as shown in figure 4.4 below. The composition of these ethnics groups (80%) were blacks, (8%) of them were coloureds and (12%) were whites.

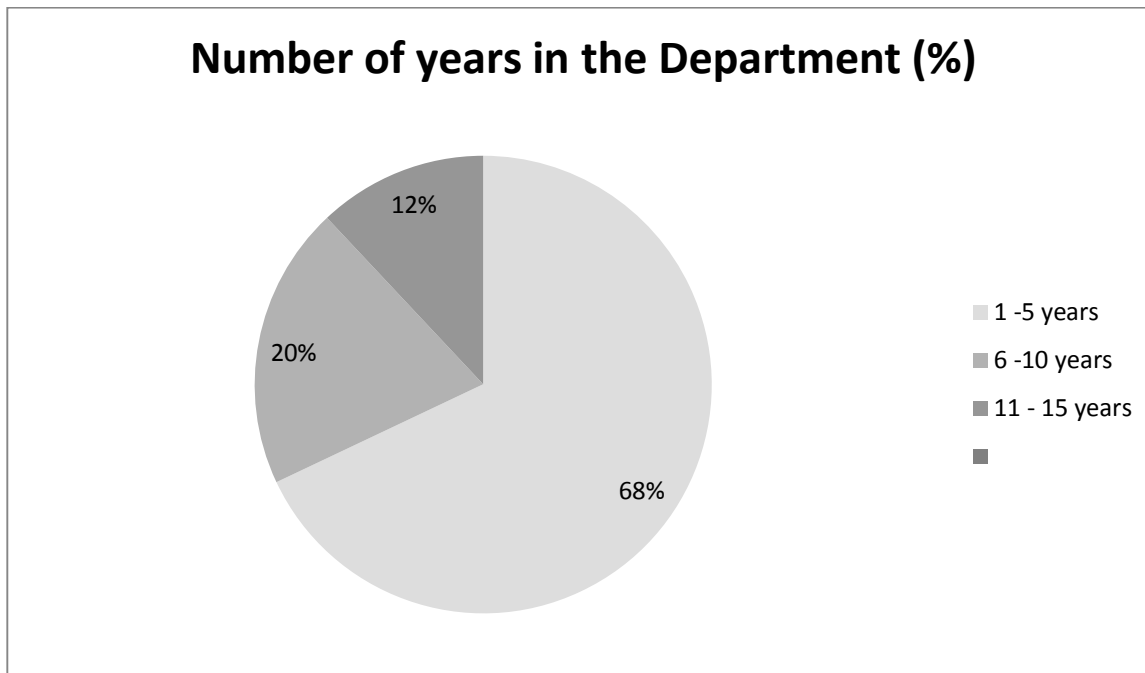


4.2.1.1.5 Number of years in the Department of Health

The number of years of the respondents in the Department of Health is shown in figure 4.5 below. The number of years the respondents had in the Department of Health ranged from (1) year to (15) years. Seventeen respondents had between 1 . 5 years representing sixty-eight percent (68%). Five (5) were in the range of 6 . 10 years representing twenty percent (20%). The remaining three were in the range of 11 . 15 years, representing twelve percent (12%). The majority of the respondents were in the range of 1 -5 years. This is not a surprising finding as officials in the department are appointed after every five years and that some departmental officials at senior level tend to be employed on contractual basis that tend to be over a five year period.

Figure 4.5

Number of years in the Department of Health



4.2.2 QUALITATIVE DATA ANALYSIS

This section of data analysis outlines the views of the staff members represented by the officials and senior management of the Department. The respondents sampled from the Department had the same set questions that were grouped around two themes namely, strategic planning issues and operational issues.

4.2.2.1 Strategic Planning issues by officials in the Department

The respondents indicated that the department is facing a challenge of having a shortage of staff mostly and the equipment that is not sufficient , the department is still using the old organogram the HR planning is based on the on the 2007 organogram. The Department's vacancy rate of less than 10% is still determined in relation to an old organogram and that resulted from an abolishment of over 2 000 posts. This has the potential of compromising the credibility of the Department's HR plans especially as there has been a re-categorization of health facilities in line with the Department's revised service delivery model. A yet un-finalized and therefore, misaligned organizational structure that has prioritized filling of positions at head office over operational areas at various service delivery points. The state of the organizational structure and the concomitant vacancy rate that is cited as 19.8 %, are an indication that human resources provisioning within the Department is not in line with the primary healthcare .focused service delivery platform objective. This indicated that the Department's reporting was against human resources management oversight statistics is guided by a legislative requirement by Public Service Regulation (PSR), Chapter 1 Part III, J.3 and J.4

It is cited in the questionnaires that the Department's Internal Contract Management Section is weak and that situation results in a failure to effectively monitor and manage contracts entered into between the Department and service providers so as to ensure that quality work is delivered and the appropriate standards and milestones are

reached. It was also revealed that most of the health professionals in the Department are great concern. Some of the health officials who have resigned to the non-availability of accommodation have been a contributing factor. Lack of internal controls to avoid, identify and disclose irregular expenditure, which became one of the Auditor - General's (AG) qualification notes, the basis for unqualified audit opinion. The irregular expenditure of R132.838 million relates to contravention of SCM and Internal Financial Control procedures and the expired contract for psychiatric services (page 20 of Annual Report) .

In some of the questionnaires there was indication that the output with respect to provision of assistive devices is still very poor that also might be the cause of many official / staff members to lose interest to come to work as they are expected to be effective and efficient at work.

Most of the respondents indicated that strategic planning workshops are convened for the sole purpose of drafting a strategic plan for the Department. They also indicated that most of the strategic workshops are held by the top managers most of the time. Very few respondents indicated that they were part of the strategic workshops.

Other respondents confirmed that in-service training are conducted in those workshops. They also mentioned that in the colleges they are trained and taught to deal certain situation and other scope of work. The Department had a historical challenge on Health Science and Training programmes, they were unable to absorb graduates from its bursary scheme, and to recover monies from bursary scheme defaulters. The Department trained emergency medical practitioners 2 years ago and those were never assessed.

4.2.2.2 Strategic partnership with other oversight bodies

The respondents indicated that the Department of Health does have strategic relationships and partnerships that exist include the Auditor General, Provincial Treasury and the Portfolio Committee on Health (Legislature).

4.2.2.3 Training and exchange programmes

The analysis of the questionnaire reveals that the Department of Health officials does attend training sessions to exchange experiences with other Departments of Health in the provinces. Not all respondents indicated that they have attended such workshops. For example there are student nurses that are bursaries holders and given an opportunity to study abroad so that they learn the best practices of other countries and come back to plough back those best practices in the province. Other respondents revealed that they are allowed to attend workshops where they are taught how to perform other duties better. There are Cuban doctors that are in the province that are representing Cuban knowledge in performing other duties.

4.2.2.4 Operational Issues of the Department

The majority of the respondents agreed that there is a shortage of staff in the Department of Health and that was confirmed by the records from the Department of Health's HR Section. However their response to the question of whether they provide the information on demand, most of these respondents indicated that they would not be able in a position to do so. This would suggest that in fact there is no such record in hand that can be produced.

The Portfolio Committee on Health has also raised the question of against what/ which organogram is 19.8 % vacancy rate benchmarked when the Department does not have a finalized and costed organogram. This revealed that the Department of health is just estimating the rate of vacancies within the Department as they have not specific record keeping on the absenteeism of the staff. It was also deduced from the questionnaires that staff and official from the Department are not satisfied with remuneration so they are facing challenges financially and that contributes more of being absent from work because they sometimes get frustrated. This was confirmed by the questions posed by the Portfolio Committee on Health to the Department of what level of planning did provincialisation entails when there still challenges pertaining to non-payment and / or non-translation of staff and non-payment on monies due staff formerly belonging to municipal clinics and formerly provincially aided hospitals.

The general comments from the respondents suggest that there is great scope to improve the oversight function by the Portfolio Committee on Health. The respondents from the Portfolio Committee on Health felt that they have no powers to enforce the implementation of their resolutions. The cited instances whereby there are recurring findings every year thus suggesting that the department does not take their resolutions seriously. Respondents from the department indicated that there was a need to improve communication between the Department, Portfolio Committee and the staff / officials of the department. They believe that in order for the oversight to be effective, the Portfolio Committee on Health needs to be very conversant with the strategic planning and objectives that the department is implementing in any particular year. This they believe could be achieved through having information sharing sessions between then Portfolio Committee on Health for better improvement in functioning of the department even with the official and staff in general of the department. At the moment there are very few such sessions and those that are there are random and far in between.

4.3 CONCLUSION

The data analysis and interpretation discussed in this chapter significantly contributed to seeking answers to the research questions which sought to investigate, the effect of Absenteeism in the Department of Health. Generally the study found out that certain attributes of effective and efficient strategic planning and monitoring such tool were lacking in the Department of Health. The next chapter summarises the study, and concludes it based on the study findings and provides recommendations.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this study was to investigate the effect of absenteeism in the Eastern Cape Department of Health. This was to be established through achieving the following objectives of the study:

- To critically analyze the level of absenteeism with the Department of Health
- To establish the effect of absenteeism on service delivery in the Department of Health
- To determine which strategies have been put in place to minimize absenteeism and its effect in the public sector.

This chapter seeks to summarize the study, draw conclusion and propose recommendations/solutions based on the study findings. It is hoped that these recommendations or suggested solutions will be considered by the Portfolio Committee on Health and Department of Health in order to improve the effectiveness of the Portfolio Committee on Health and the Department of Health on the oversight function.

5.2 SUMMARY OF THE STUDY

Chapter one is composed of the introduction which gives the overview of the research topic. It further highlights the importance of the study, the problem statement and its intended objectives.

Chapter two focuses on the review of the literature by different scholars. This chapter also dealt with the conceptual framework upon which the study is based on and the theoretical perspective of absenteeism. It provided an overview of the related concepts which included difference of an employer and the employee and how these parties are affected by absenteeism.

Chapter three provided an account of the methodology used in this study. Both quantitative and qualitative methods were used. The chapter further described the sampling procedures used to respondents and to ensure representativeness, dependability and relevance of the data obtained from the target groups. Questionnaires were used to collect data for analysis. Confidentiality and consent were observed as ethical issues amongst others.

Chapter four looked at the presentation and analysis of the data gathered from the respondents. Both quantitative and qualitative analysis methods were used. The coding procedure was used to reduce the data into different themes. In the analysis process the researcher made use of a technique called pie chart analysis for the purpose of displaying numerical data. The main objective of pie chart analysis was to present data in a way that was easy to understand and interpret.

5.3 FINDINGS OF THE STUDY

The study indicated that the efficacy of the Department of Health in the Eastern Cape is less than optimal. An effective and efficient the Department of Health would have among other things the following attributes:

5.3.1 Strategic Plan Document

For optimal impact, the Department of Health needs to plan and implement strategies accordingly. To do this, it must create a strategic plan for its work. It was established that the Department of Health does not have a strategic plan that is proper to guide its work.

5.3.2 Prioritizing issues, pursuing them and tracking them

At the beginning of each year, when the Department of Health meets to plan its meetings, it should identify its important challenges it encountered previously and create a strategic plan to overcome those challenges and identify a responsible person who will ensure that quality assurance has improved. It was established that Department of Health does not have a tool / mechanism to track issues.

5.3.3 Briefings by the Department of Health to the Public

Just as the Department of Health needs to receive regular and reliable information and views pertaining to Health conditions in the province as part of its major function, so it has an obligation to inform the public of what government is doing. The study revealed that the Department of Health does an obligation to report back to the communities on what government is doing.

5.3.4 Forging strategic relationship and partnership with other Departments

This study revealed that the Department of Health does have strategic relationships and partnership with Health bodies in order to share processes, lessons learned and best practice for the better up-liftment of the country.

5.3.5 General Finding

It was confirmed that there are many errors in the Department's Operational Plan, resulting in the threat of potential misalignment between the Operational and the Annual Performance Plan.

It was established that the Department has significant challenges in providing a proper Primary Health Care Service in the province.

5.3.6 General Recommendation

The Department must improve its quality assurance processes before tabling any documents before the Committee because once tabled, the OP and APP becomes public document for public scrutiny and such serious that reflect negatively on the Department.

The Department must provide clear plan for the effective provision and management of Primary Health Care Services within the province.

5.4 CONCLUSIONS

The research has shown that although the Department of Health can be described as satisfactory, there are lots of areas that need to be addressed if its performance is to be described as effective and efficient. In particular conclusions which can be drawn from the study are as follows:

The Department of Health has an important role to play in planning for an improved performance role, focusing on developing concrete strategies and action plans to strengthen the performance function.

Based on the findings of the study, it can be concluded that management of absenteeism is an important organizational / Departmental aspect that needs to be considered and that management personnel of any organization / Department need to be proactive in identifying possible causes that can lead to absenteeism and have strategies in place. Also critical to this issue is constructive management of absenteeism before it spreads and becomes an organizational/ Departmental culture which would cost immensely to reverse.

It can also be concluded that employees that do not turn up for work as scheduled, affect, derail and retard service delivery as the major role of the Department in united in achieving quality Health Care for all.

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ANNEXUREA:LETTEROFREQUISITION

University of Fort Hare

DEPARTMENT OF PUBLIC ADMINISTRATION

Office of the Chair & Head of Department:

Professor Edwin Ijeoma

*BSc (Hons) Lagos, MBA, Honolulu USA, PhD (Pret)
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Tel: +27 (0) 40 608-3403 • Fax: +27 (0) 40 608-3408



University of Fort Hare
Together in Excellence

29 May 2013

TO WHOM IT MAY CONCERN

RE: REQUEST FOR CONDUCTING AN ACADEMIC RESEARCH

PROGRAMME : **MASTER OF PUBLIC ADMINISTRATION (MPA)**
NAME : **Miss Nobuzwe Simon**
STUDENT NUMBER : **201112397**

The above named is a registered student of the university of Fort Hare. As part of the requirements for completing her MPA degree, the student is expected to conduct a research and submit its findings accordingly.

We hereby request you to allow the student conduct a research in your institution and to interact with relevant selected office-bearers and officials. We have instructed the student to observe professionalism and ethical considerations by maintaining anonymity of the participants concerned. The student has also been advised to maintain strict confidentiality in her interaction with respondents.

Once the research is completed, it may be availed to your institution on request. We hope that the findings of the research will benefit your institution in particular and South Africa in general.

Please extend every assistance she stands in need.

Regards

p.p. 
EOC Ijeoma



Excellence in Public Administration & Community Service

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Eastern Cape Department of Health

Enquiries: Zonwabele Merile

Tel No: 040 608 0830

Date: 24th July 2013

Fax No: 043 642 1409

e-mail address: zonwabele.merile@impilo.ecprov.gov.za

Dear Ms N. Simon

Re: An assessment of absenteeism in the department of health and its impact on service delivery

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.


DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT



Ikaunva eliquqambitseye!

EASTERN CAPE PROVINCIAL LEGISLATURE



**Private Bag X0051
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e-mail : mmdimaza@ecleg.gov.za**

PORTFOLIO COMMITTEE -HEALTH

18 June 2013

Ms Nobuzwe Simon
Eastern Cape Provincial Legislature
Bhisho
5605

Dear Ms Simon

**RE : AUTHORISATION TO CONDUCT RESEARCH TO PORTFOLIO
COMMITTEE ON HEALTH : Ms N. SIMON**

Please be advised that permission to conduct research in the Portfolio Committee on Health on your chosen topic has been granted. Please note that this permission is granted with the following conditions:

1. During the course of your research, you shall observe and respect the rights and culture of your research participants and maintain confidentiality of their identities at all times.
2. Information gathered shall be solely for academic purposes.
3. The Portfolio Committee on Health expects you to provide findings and recommendations on request.

Your compliance in this regard will be highly appreciated.

Yours faithfully



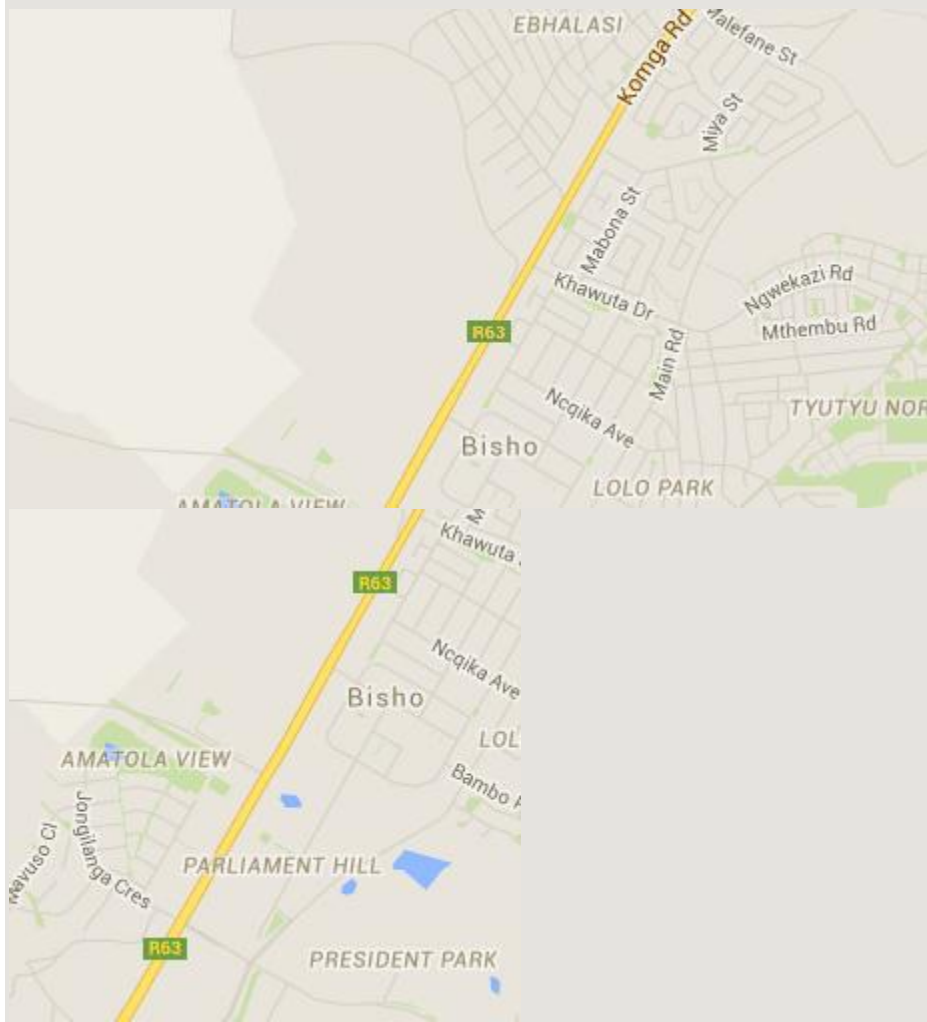
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ION. MM DIMAZA

CHAIRPERSON: PORTFOLIO COMMITTEE ON HEALTH



ANNEXURE C : EASTERN CAPE DEPARTMENT OF HEALTH MAP



ANNEXURE D: QUESTIONNAIRE



University of Fort Hare *Together in Excellence*

FACULTY OF MANAGEMENT AND COMMERCE

SCHOOL OF PUBLIC MANAGEMENT AND DEVELOPMENT

DEPARTMENT OF PUBLIC ADMINISTRATION

EVALUATION TOOL

QUESTIONNAIRE GUIDE FOR:

DEPARTMENT OF HEALTH AND SUPPORT STAFF

General

Overview

The Eastern Cape Department of Health is a public entity and has the responsibility to provide quality health services to the community. The Government has introduced a service delivery mechanism which is enshrined in the White Paper on the Transformation of the Public Service in 1997, through the Batho Pele Principles which is to guide the Department of Health on the needs and goals of the citizens of the Eastern Cape Province that the Department of Health should be serving and to provide and ensures accessible comprehensive integrated service in the Eastern Cape Province emphasizing the public health care approach, utilizing and developing all resources to enable all the present and future generation to enjoy health and quality of life. The

purpose of this questionnaire is to assess the effect of absenteeism in the Eastern Cape Department of Health.

Respondents

This Questionnaire guide has been prepared for assessment of the effect of absenteeism for the officials and other support staff in the Department of Health. The officials and support staff are suppose to participate more efficiently and effectively on the service standards set for the Department so that the standards set for the Department are not lowered in order to uplift the standard of Health service to the people of the Eastern Cape Province and promote a better health to all. They are the beneficiaries of Healthy environment of the Eastern Cape Province.

Guidelines

Please note that the information gathered during this research will be handled with professionalism that confines of research ethics.

Communication

The researcher will engage the respondents in English and all the responses will be captured in English

Disclaimer

The questionnaire guide has been prepared for a research project undertaken to fulfill the requirements of the Bachelor of Administration Degree in Public Administration at the University of Fort Hare.

Your participation will be greatly appreciated

N. Simon, University of Fort Hare, 2015

QUESTIONNAIRE, 2: Top Management and support staff

PART 1

BIOGRAPHICAL DATA

Please tick with the letter X in the appropriate box

1.1 Gender

Male		Female	
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1.2 Age

21 - 29		30 - 39		40 - 49		50 - 59		60+
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1.3 To which ethnic origin group do you most closely belong ?

Black		White		Coloured		Indian		Prefer not to say	
African									

1.4 Marital status

Single		Married		Divorced		Widow	
--------	--	---------	--	----------	--	-------	--

1.5 Highest qualification obtained

Matric		Diploma		Junior Degree		Honours		Masters	
--------	--	---------	--	---------------	--	---------	--	---------	--

1.6 Position

.....

