

**AN ASSESSMENT OF THE EFFECT OF ABSENTEEISM ON SERVICE DELIVERY IN
THE EASTERN CAPE DEPARTMENT OF HEALTH: NELSON MANDELA BAY
MUNICIPALITY DISTRICT**

BY

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DECLARATION

I, Prophetta U.J Mwanda, do solemnly declare that this treatise is my own work, and has not been submitted for evaluation at any other University. It is my effort through the professional guidance of my supervisor.

Mwanda P.U.J

Date

DEDICATION

This study is dedicated to my Heavenly Father, He that has promised to make a way in the wilderness, to open streams of water in the desert (Isaiah 43:19). Indeed His righteous right hand carried me through. Praise, Glory and Honour unto Him, without His compassionate love, care and support I would not have made it (Lamentation 3: 22 - 23).

To my late mother *Khulu* (Mrs Ngcatshe), who passed away leading and motivating me to complete my studies, after her death I almost gave up, I had no strength to proceed as she was my motivator and I was in dire need of her prayers and motivation. Your words of wisdom still live on.

I thank my sister Sisipho and two dear children, Alulutho and Bayanda for understanding me and allowing me time to do my work. I especially thank Alulutho for his compassionate assistance, time and prayers. Bayanda, thank you for comforting me during all this time of distress, your care and support is always appreciated. In this day in age of multi careers, work, family and school, you willfully released and supported me even when I had to be away from home for quite some time. Indeed, there were disruptions in your lives when you wanted the care, love and support of your mom and she was busy or not available for that because of the studies. I love and appreciate all of you darlings.

To my broader family, my aunt, brothers and sisters in law thank you for your support and prayers, literature evangelists thank you for prayers.

To all of the above and those who supported me, those whom I know and those I do not know, I am aware there is a cloud of witness that prays and wishes me well. My prayer for all of you, may the Lord bless and keep you, may His face shine upon you and be gracious to you and may He lift up His countenance upon you and give you peace now and forever, (Numbers 6: 24-26) Amen.

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ABSTRACT

This study is an assessment of the effect of absenteeism on service delivery in the Eastern Cape Department of Health: Nelson Mandela Bay District Municipality. The work was a corollary of repetitive negative feedback from the press that the researcher was concerned and embarked to investigate possible causes of these allegations by the press.

The Department of Health being a public entity has a responsibility to provide quality health services to the community. Government 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. The researcher argued that if the Batho Pele principles were practiced in the delivery of services the aforementioned repetitive feedback on health services would be minimal. Among a variety of possibilities that could cause the Batho Pele principles not to be practiced the researcher was interested to ascertain if absenteeism could be among them.

The researcher asserted that, if human capital is the delivery tool of services, the absence of the human capital therefore posed a negative effect on the delivery of such services. Therefore an inverse relationship exists between absenteeism and service delivery. This relationship was affirmed by the responses of participants through the analysis of questionnaires on absenteeism and service delivery.

Absenteeism is a management aspect that has a negative effect in both the financial and delivery aspect of the organisational performance. It is therefore the researchers' sincere hope that the Department of Health will consider the deductions drawn from this study and recommendations thereof. The researcher further hopes that this study contributes to the existing body of knowledge in relation to organisational behaviour and becomes employer ammunition for service delivery.

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CHAPTER 1

INTRODUCTION AND OVERVIEW

1.1 INTRODUCTION

The South African public service adopted the Batho Pele Principles in respect of the White Paper on the Transformation of the Public Service, 1997. Batho Pele is a Sotho phrase meaning putting people first. It was an initiative to develop a service - oriented culture in the public service, to strive for excellence in service delivery and to commit to continuous service delivery improvement. These principles have been developed and are designed to allow citizens to hold public servants accountable for the level of services they deliver. This all-inclusive approach seeks participation of all citizens for the achievement of a 'better life for all' through service, products and programmes of a democratic dispensation (Batho Pele handbook, 2003:8).

Various benefits are provided to employees' *inter alia* annual vacation, maternity, paternity, compassionate and sick leave in accordance with the organisational 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. Organisations have contingency plans to facilitate the continuous provisions of efficient service delivery where staff shortages occur, resulting from the sanctioned absenteeism. The public service has also been characterised by high levels of absenteeism as illustrated by the Persal report (2007). The indicative figures for 2004/2005 and 2005/2006 financial years are 54640 days and 60586 days respectively. Nel, Gerber, Van Dyk, Haasbroek, Schultz, Sono 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. Nel *et al.* (2001) continue to argue that absenteeism, especially which negatively affects the organisation can be defined as unplanned behaviour as an employee does not report for duty to perform scheduled tasks. This behaviour is disruptive to continuous organisational efficiency.

The effect of employee absenteeism may be caused by the implementation and maintenance of a client service ethic as envisaged by the Batho Pele Principles. Habitual absenteeism can have far reaching consequences for the efficiency and effectiveness of service delivery. Batho Pele and absenteeism are intertwined in that the ability of public servants to deliver efficient services is inhibited by colleagues who do not present themselves for duty.

This study focuses 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 within the Nelson Mandela Bay Health District. The effects were assessed in the functioning and rendering of high quality health services in the Eastern Cape Department of Health (ECDoH). The Eastern Cape Department of Health is rendering essential services to the communities and therefore, it needs committed and self - sacrificing public service employees to provide high quality service to the Eastern Cape society. The White Paper on the Transformation of the Public Service, 1997, contains the Batho Pele Policy where the eight principles are outlined. These principles serve as a guide for acceptable norms and standards against which performance can be measured. The second of the eight principles of Batho Pele, service standards, which states that the citizens must be informed what level of quality of public service they will receive to enable them to know what to expect, has been customised in the Department of Health to define high quality health service as a commitment and a responsibility guided by the ethos of the Batho Pele Principles. The Eastern Cape Department of Health, therefore commits to a citizen - centric approach in providing services through, among others, publishing service standards so as to communicate to

the citizens the level and quality of public services to be received with time frames so they are aware of what to expect (ECDoH Service Delivery Charter, 2007).

Various newspaper articles cite citizen frustration and are critical of the level of service delivery experienced in the health care sector in the Eastern Cape (Mphande, 2007). Botha (2007) also cites the level of negligence in providing health care as a serious concern. The issues raised and the critical nature of these articles question the commitment of public service employees in the health care sector of the Eastern Cape to implement the Batho Pele Principles to allow for efficient and effective service delivery. Luthans (1995:130) defines commitment as a strong desire to remain a member of a particular organisation, a definite belief in, and acceptance of, the values and goals of the organisation and a willingness to exert high levels of effort on behalf of the organisation. The absence of employees' loyalty to the organisation, as well as the expression of concern for the organisation's continued success and well – being should be an alarm to the management of the organisation as it could result in withdrawal from work.

Locke (in Luthans, 1995:126 - 129) defines satisfaction as “a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience.” He argues that when job satisfaction attributes are felt to be absent there is a high likelihood of absenteeism. Outcomes of job satisfaction would relate to productivity and assume an almost positive relationship, whilst a moderate relationship is found between satisfaction and turnover. He analysed the relationship between satisfaction and absenteeism and an inverse relationship was well demonstrated between satisfaction and absenteeism. When satisfaction is high, absenteeism tends to be low; when satisfaction is low, absenteeism tends to be high.

The private sector is a profit - making sphere where a high rate of absenteeism is measured in terms of cost and its implications in terms of the budget. This

attitude must be a stimulant to the astute employer, as the employer should be stimulated in managing absenteeism as it affects the budget of the organisation. With the introduction of the Batho Pele Principles, where employees are expected to provide satisfactory service with commitment, the post - 1994 South African government has undergone a change towards managing the public service to be similar in its terminology and management styles to the private sector; for example, previously there used to be Director Generals, Heads of Department/ Permanent Secretaries but the terminology has shifted to Chief Operations Officer, Chief Executive Officer, and Superintendent General as predominantly used by the business sector. Management styles used to be centralised to Head Office where budget, payments and appointments were approved. This has changed as institutions are transformed to be centres of excellence with powers delegated to the head of the institution or a cluster manager. Therefore detailed reports and analysis on absenteeism should be given by the public sector in terms of cost and the effect thereof. Management of absenteeism will demonstrate the value for money principle to the functioning of the organisation in the long run in terms of both service delivery and cost effectiveness.

1.2 MOTIVATION FOR THE STUDY

The health department has experienced repeated negative press with 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 issuing of identity documents, provision of free health services for primary health care as well as free health services to children under six, disabled and senior citizens. In terms of efficiency and effectiveness, the type of benchmarking found in the private sector could have a positive effect on service delivery; for example the time taken to process an identity document or waiting periods in the queue before a service is provided.

The Eastern Cape Department of Health has developed service standards adopted in 2007 by the Eastern Cape Department of Health. Consequently, this study sought to analyse the causal effects of absenteeism. According to Makhubu (2006) many vacancies in the Eastern Cape health department 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 serve as a baseline where the Department of Public Service and Administration (2007) issued a directive that the vacancy rate of any government department should range between ten and fifteen percent. Makhubu (2006) further refer to the doctor/ patient ratio as one is to three hundred patients (1:300), which is unhealthy and abnormal as the doctor/patient ratio in terms of the Health Professions council 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 behaviour later result in the exodus (professional drainage) of employees. Bondarenko (2005) alludes to eight thousand vacancies in the Chris Hani Baragwanath Hospital (CHBH) as well as a lengthy process for hiring, which is centered at the Gauteng Shared Services Center (GSSC). The aforementioned issues by Bondarenko give an indication of causes for employees to be stressed. Chris Hani Baragwanath Hospital is one of the largest public hospitals in South Africa, situated in the Gauteng Province. Chris Hani Baragwanath Hospital is a designated referral institution as it is a tertiary institution and it conducts complicated procedures due to the high caliber of employees there.

This study further aims to determine the causal effects of absenteeism and their relationship to poor service delivery. Absenteeism is found in two forms: 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 resources section

regarding the duration and terms of absence pertaining to salary and terms of services.

1.3 LITERATURE SURVEY OF THE STUDY

The analysis sought to determine the effect of high levels of absenteeism in the Eastern Cape Department of Health. This was done through the analysis of Persal reports for the 04/05, 05/06, 06/07 and 07/08 financial years. The annual reports for the department were analysed so as to verify the accuracy of the statistics from the Persal report in confirmation absenteeism rates and service delivery effect. The importance of using information from secondary sources like previously researched documents, journals and books is to establish tools used and the manner in which they are utilised to measure the key concepts of this study such as absenteeism and the adherence to service standards that are reflective of the Batho Pele Principles.

The Public Service Legislation such as the Basic Conditions of Employment Act 75 of 1997, the Labour Relations Act 66 of 1995 and the Eastern Cape Department of Health Leave Policy, 2006 refers to the number of hours at work and number of hours on annual leave or sick leave. In terms of dealing with leave taken without prior authorisation, this is dealt with as misconduct in terms of the disciplinary procedure (ECDoH leave policy, 2006). This therefore takes a very long route to dealing with absenteeism as the disciplinary procedure has three steps to follow prior to the actual discipline with a basis of improving the behaviour rather than disciplining the employee.

Gerber (1998:41) looks at job guidelines and goals, which entail directing an employee's work behaviour in accordance with the goals of the organisation. To achieve this linkage, which is often neglected by individual goals and organisational goals, it is important to address the human resources

management processes related to the job content environment and answer the following questions:

- Do employees know what they have to do?
- Do they know how to do it?
- Do they know why they are doing it?
- Do they know what they are accountable for and what standards they are to maintain?

If the above stated points were well - defined and explained to every employee in the organisation, this would result in a committed and effective workforce. This situation when managed would result in absenteeism being curbed and implementation of the Batho Pele Principles being effective.

Maserumule (2007:89) believes that the Batho Pele Principles are complex due to the fact that there is an emerging body of knowledge outside the mainstream public administration discourse, mainly on African studies. He argues that the introduction of this concept tends to forget the fact that Batho Pele Principles are ingrained in the philosophy and theory of New Public Management. He proposes that the Batho Pele Principles be intergrated in the African philosophy of humanness, which is Ubuntu. Sindane and Liebenberg (in Maserumule 2007:89) state that Ubuntu is a way of life that sustains the well - being of society. African scholarship seems unanimous that the core values of Ubuntu are humanness, caring, sharing, respect and compassion. Broodryk (in Maserumule 2007:89) expatiates extensively on these core values and further argues that these are the foundation of the “national value base of the Constitution of the Republic of South Africa,” and more importantly they are the part of the vision and mission of the transformation of the new public service - Batho Pele principles. Batho Pele Principles and job commitment or group cohesion seem to fit hand-in-glove.

Gerber *et al* (1998:323) also refers to the relationship between group cohesion, productivity and other organisational outputs. This relationship is such that group members with high cohesion generally experience less work - related stress. Friction and conflict in interpersonal relations within the group upset group members. Groups with high cohesion are those in which interpersonal problems have been ironed out, and this promotes individual job performance. Groups with high cohesion experience lower job turnover and less absenteeism. Group members handle interpersonal problems in the work situation in a variety of ways; the extremes are either to reduce group output while the other is to withdraw from the work. It is evident therefore that the Batho Pele Principles enhance job commitment or group cohesion as the application of the Batho Pele Principles is due to the fact that public servants are committed to delivering the best output on time for the satisfaction of the client and the love of the work; hence these two concepts fit in well together.

1.4 DELINEATION OF THE STUDY

The study will assess the effect of absenteeism on service delivery, narrowed down to assess the implementation of the Batho Pele Principles, 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, customer treatment received in public health facilities and customer resistance to attending public health facilities. The interest of the researcher was to analyse the causes of these observations as some are attributed to employee stress due to absenteeism caused by high turnover rate.

In terms of the White Paper on the Transformation of the Public Service, 1997, the Batho Pele Principles were introduced in 1997 which is more than ten years

ago and yet some customers are resistant towards attending public health facilities because of fear of bad treatment, long waiting times in queues and no proper attention given to them when they have attended these public health facilities. The researcher focused in the Nelson Mandela Bay health district as a case study to ascertain why, after ten years of the introduction of the Batho Pele Principles, the citizen-centered approach has not been implemented successfully. While there could be many reasons, the researcher analysed the effects caused by absenteeism.

1.5 OBJECTIVES OF THE STUDY

The objectives of this study are to:

- Critically analyse the levels of absenteeism within the Department of Health Nelson Mandela Bay;
- Establish the effect of absenteeism on service delivery in the Eastern Cape Health Department, through empirical research;
- Establish the causes of absenteeism within the provincial department by analysing and comparing the Persal reports from 2004/2005, 2005/2006 and 2007/2008 financial years;
- Determine which strategies have been put in place to minimise absenteeism and its effect in the public sector;
- Establish whether appropriate management of absenteeism will lead to improved service delivery; and
- Develop recommendations which address outcomes of the study.

1.6 PROBLEM STATEMENT

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. High levels of staff shortages on account of 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.

1.7 RESEARCH QUESTIONS

This study considers the following questions:

- Is there a relationship between high absenteeism rate and poor health services delivery in the Eastern Cape Province?
- To what extent does the absenteeism rate effect on services provided by the public health service in the Eastern Cape Province?
- What is the linkage between employee attitude towards the customers/clients, Batho Pele Principles and service delivery requirements?
- Is service delivery in the Eastern Cape health care sector affected by attitude displayed due to high levels of fatigue? (do high levels of fatigue from staff members cause negative attitude thereby affecting Eastern Cape health care sector service delivery?
- How can the relationship between absenteeism, service delivery and Batho Pele be either proved or disproved by this study?

1.8 RESEARCH METHODOLOGY

This study sought to explore if a relationship existed between absenteeism, service delivery and the Batho Pele Principles and its effect on both the society of the Eastern Cape and the Provincial Department of Health. The study approach taken was a case study which was conducted in the Nelson Mandela Bay district. The research design is explorative and descriptive in nature. It is explorative in that relevant literature was obtained from books, journals and applicable legislation. Data indicating levels of absenteeism was obtained from departmental Persal reports, 2006. A post positivism approach was utilised, meaning that it was impossible for the researcher not to influence the research setting, even if it was minimal, as the researcher is employed by the organisation where the research is conducted.

The study was also quantitative in that data was collected in terms of the problem statement through a questionnaire, which was structured in the Likert scale type. The questionnaire consisted of three sections, respectively, the biographical information section, absenteeism and its influence on Batho Pele and the last section was the management of absenteeism.

The researcher interviewed the participants one-on-one so as to maximise the response rate for questionnaires since there was a high possibility of not returning the questionnaire due to the nature of the study. Secondary research was conducted on documents such as legislation and policies relevant to absenteeism and service delivery to understand the extent and impact of absenteeism in the organisation.

In administering the questionnaires, both logical probability and non - probability sampling techniques were employed. These were employed in the form of simple random sampling technique as well as the systematic sampling technique as

they were relevant and beneficial to the study. The Nelson Mandela Bay (NMB) constitutes one district hospital which is the Uitenhage Provincial Hospital in the Uitenhage town and three tertiary hospitals; namely Dora Nginza, Livingston and P.E. Provincial in the Port Elizabeth (P.E) city. The three tertiary hospitals in P.E. were combined to make a hospital complex. The bay also constitutes seven community health centers (CHC) and fifty five clinics. This makes a population of 66 health facilities in the NMB district. A simple random sampling was employed in selecting the facilities as every fourth facility was selected making twelve facilities sampled. When these were broken down one hospital was sampled, one CHC and twelve clinics. The three health care levels were represented in the sample.

The sample was representative of all employment levels and work categories with various responsibilities in the institutions. While in the clinic the organisational structure may have allowed for three (3) professional nurses, five (5) assistant nurses and two cleaners, it was possible to get only two or three employees manning the institution. This might have been due to absenteeism, turnover rate or vacancy rate. The same scenario was possible for community health centers and hospitals but proportionate to their organisational staff compliment. The sample of 12 health facilities targeted managers of the facilities, administration employees, including general assistants and clinical employees, which are inclusive of both nurses and doctors. A maximum of 80 participants was sampled in the 12 health facilities depending on absenteeism, turnover or vacancy rate.

In selecting the participants a probability sampling technique was employed as the participants were selected purposively based on their roles in the facilities. For example in the hospitals the facility head, the head for nursing services, the head for medical services, the head for administrative services were selected to participate in the study. In each category represented in the particular health facility two employees were selected purposively; that is any one employee in the

unit and an employee with a high absenteeism rate. The three levels of the public sector health care were represented in the sample.

Saunders (in Werner 2005:238) explains that sampling is justified when it is impractical, expensive and too time consuming to include the entire population. Questionnaires were self administered to participants. Senior managers were included in the participants as they were expected to have more insight in the assessment of the effect of absenteeism in the organisation in relation to the realisation of strategic objectives and goals. The findings are represented in bar graphs.

1.9 ETHICAL CONSIDERATIONS

The research was designed such that participants did not suffer physical harm, discomfort, pain, embarrassment, or loss of privacy (Cooper and Schindler, 2003:121). The researcher agreed to comply with the following principles which aim at protecting the dignity and privacy of every individual who, in the course of the research, was requested to provide personal valuable information:

- a) Before the employee became a participant of research, he/she was notified of:
 - The aims, methods, anticipated benefits and potential hazards of the research;
 - The right to abstain from participation in the research and his/her right to terminate at any time of his/her participation; and
 - The confidentiality of the responses.
- b) No employee became a participant of the research unless he/she was given the notice referred to in the preceding paragraph and provided a freely given

consent that he/she agreed to participate. No pressure or inducement of any kind was applied to encourage an employee to become a subject of the research.

- c) The identity of employees from whom information was obtained in the course of the project was kept strictly confidential. No information revealing the identity of any employee was included in the final report or in any other communication prepared in the course of the research, unless the individual concerned had consented in writing to its inclusion beforehand.
- d) Objectivity in this research is another important consideration. The researcher ensured personal biases and opinions did not get in the way of the research ; and
- e) In conducting the research, the researcher did not take advantage of easy-to-access groups of people as the target population is purposive in nature. The participants were based on what most benefited this research.

1.10 CLARIFICATIONS OF CONCEPTS

For the purposes of the study the following meanings were associated with the concepts to analyse the title and problem statement:

1.10.1 ABSENTEEISM

Absenteeism is an unplanned, disruptive incident; but more specifically it can be seen as non - attendance when an employee is scheduled to work (Van Der Merwe and Miller, 1988:3). Nel *et al.* (2001:582) define absenteeism as withdrawal behaviour when it is used as a way to escape an undesirable working environment. Nel *et al.* (2001:326) also gives the meaning and level of motivation as : the minimum level – doing less than is required; expected level – doing just what is required; and the maximum level – doing more than is

necessary. When a person is functioning at the first level or the third level as denoted above, this may be a cause for absenteeism.

1.10.2 SERVICE DELIVERY

Service delivery as underpinned by the Batho Pele Principles is a quality improvement programme 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 a multifaceted and multidimensional concept. Quality improvement encourages a multi-disciplinary team approach to problem solving and quality improvement (Nzanira, 2002).

1.10.3 CLIENT CENTERED APPROACH

The client - centered approach is achieved by putting in practice the Batho Pele Principles as mandated by the White Paper on Transforming Public Service Delivery, 1997. This system makes clear how the eight Batho Pele Principles focus on putting the clients' needs first through consultation before administering anything, the client needs to be consulted ; delivering the promised service at the promised time, which relates to service standards; 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 explanations and remedying mistakes and failures thus redressing the situation. This approach when implemented could yield best results to patient care, (White Paper on transforming Public Service Delivery, 1997).

1.11 CHAPTER LAYOUT

This study consists of five chapters.

Chapter one Introduction and Overview

The study was conducted in the Nelson Mandela Bay Health District. This district is composed of the Port Elizabeth City, Uitenhage and Dispatch areas. The research proposal served as the introduction in the final document. Here the problem statement was 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 was done to establish whether the current study was previously researched and the extent of previous work conducted on absenteeism.

Chapter two Literature Review

Chapter two explored literature on absenteeism, service delivery and a client - centred organisational approach to conducting services in the public sector. The literature that was used included books, journals and other research papers. Relevant links in the world - wide – web were used and publications from the Department of Public Service and Administration and Public Service Commission were used as custodians of good governance in the public service.

Chapter three Absenteeism effect and Batho Pele implementation in the Department of Health.

In chapter three the researcher established the current state with regard to absenteeism in the Nelson Mandela Bay. Information gathered here assisted the researcher in formulating an opinion or nullifying the assumptions made on absenteeism, service delivery and implementation of the Batho Pele Principles.

Chapter four Research analysis and findings

In this chapter the research methodology and findings were discussed. The researcher used self - administered questionnaires to collect data. The researcher explained to the respondents the purpose of the study, and the importance of returning the administered questionnaires to the researcher. The collected data assisted the researcher with the analysis, drawing of graphs and proving or nullifying the assumptions made by the researcher on absenteeism, the Batho Pele Principles as well as service delivery.

Chapter five Conclusions and Recommendations

This chapter proposed recommendations and conclusions for the study based on the analysis and findings of the study.

1.12. CONCLUSION

In this study, the researcher tried to establish if a relationship exists amongst absenteeism, service delivery and the Batho Pele Principles. Various literature sources in the Department of Health were used to try and verify if the service delivery level was as low as it was said to be by the citizens. This study aims at identifying the root cause of absenteeism as well as come up with recommendations to remedy the situation. Motivation when not properly managed could cause people to act in unacceptable behaviours. The performance management system when not implemented or not properly managed could be a great cause for a high absenteeism rate. It is worth mentioning that both motivation (motivational theories) and performance management are important factors that can be used to curb absenteeism in the workplace. The researcher will, in the next chapter focus on reviewing literature that is relevant to the assessment of absenteeism.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Employee management is a vital aspect in the workplace. It is in the management styles employed that an organisation 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 organisation and staff.

The purpose government intended with the introduction of the Batho Pele principles will be discussed. The concept of Batho Pele will be analysed to ascertain its effect in the workplace in relation to its introduction in 1997. This notion was expanded in the White Paper on Transforming the Public Service, also known as the Batho Pele White Paper, which provides a policy framework to ensure that Batho Pele is woven into the very fabric of government. The Batho Pele handbook explicitly refers to this policy as an initiative to get public servants to be service orientated, to strive for excellence in service delivery and to commit to continuous service delivery improvement. Its purpose is to provide simple, transparent mechanisms which allow customers to hold public servants accountable for the type of services they deliver (Batho Pele Handbook 2003:8). This purpose is expatiated on in the section.

2.2 PURPOSE OF BATHO PELE

The Minister of the Public Service and Administration (DPSA) Zola Skweyiya in his foreword of the White Paper on Transforming Public Service Delivery, 1997, alludes to the fact that one of government's most important tasks is to build a Public Service capable of meeting the challenge of improving the delivery of public services to the citizens of South Africa, hence the launch of Batho Pele. This launch of Batho Pele was meant to change words into actions, to enable the people to view and experience the Public Service in an entirely new way. The transformation of the Public Service was to be judged, by the practical difference people see in their everyday lives. Through the Batho Pele White Paper, government sent a strong message of government commitment to a citizen-centered approach to service delivery anchored by the eight Batho Pele Principles: Consultation, service standards, access, courtesy, information, openness and transparency, redress and value for money. The purpose of Batho Pele is not achieved when there is absenteeism and the algebraic definition of absenteeism is 1 minus attendance by Martocchio and Harrison (1993); Mathiesen and El-Salanti (2000) agree with this notion as it is a traditional definition of absenteeism which depicts the lack of physical presence at a given location and time when there is a social expectation for the employee to be there and services are therefore not provided; hence the introduction of Batho Pele by the DPSA Minister.

The Public Service Commission (PSC) is a Chapter Nine institution as per the Constitution of South Africa, 1996. It is an independent institution and a custodian of good governance which is Public Administration in line with the Republic of South African Constitution, 1996 and related legislation. It can also be seen as the watchdog of effective and efficient service delivery in the country. Its role is more on advising and monitoring of government departments on service delivery and compliance issues. The PSC has conducted a number of surveys on the implementation of the Batho Pele principles. In 2001/2002 PSC conducted a survey to measure the actual level of service

delivery provided as against the desired service delivery by the citizens. The survey was conducted to identify factors that influenced the satisfaction of citizens. In general, the results revealed that the interaction with one government department can be inferred to the perception of the entire government. The Health Department was no exception, but even though the service delivery value was very low, the citizens recommended the delivery of the service highly. This recommendation can serve as a source of encouragement as it implies that the citizens are well aware of the need to work with the health department to improve their social state of affairs.

Reasoning on absenteeism, Luthans (1995:174) states that job design, goal setting and career pathing are major elements for absenteeism. The researcher as a government employee and an official within the Human Resources field is aware of employees within the Department of Health that are faced with such experiences of being misplaced due to holding qualifications of another field while placed in a different sphere of operation. An example would be some employees in the finance section who are qualified lawyers and teachers with no reference to finance; in the human resources section employees are qualified teachers or drop-outs in other fields of study. This may be attributed to lack of work opportunities forcing people to take the nearest available work irrespective of the linkage of qualifications, passion and job design. The fact that one is qualified in a particular field of study is evidence of passion for that career. Being qualified in one profession and working in another, results in a huge misplacement of skills required against qualifications for a particular position. This situation is predominant in the public service and could be seen as a contributory factor to absenteeism, therefore hampering service delivery. The none alignment of qualifications with job design has a negative effect on the employees' career pathing and the prospects for growth are minimal unless the employee together with his/her manager encourage and capacitate the employee in that relevant field of study. For those employees whose enthusiasm is in original qualifications, they are likely to become disgruntled, unproductive, non-creative and the subsequent behaviour would be absenteeism. This behaviour would be noticed by employees who attend work late,

mornings only or every alternate day. This behaviour most likely is caused by a feeling of not making or not having a positive effect in the organisation.

Employee performance is enhanced when there is high ability resulting in job fit and service delivery. Robins (2003:43, 63, 83) aligns service delivery with a person's ability and job fit. He argues that a person's values, attitudes and job satisfaction have to be in harmony for effective service delivery. Robins(2003) maintains that only when there is job satisfaction can there be client satisfaction and hence service delivery.

As an enhancement to service delivery, the Batho Pele handbook explains the concept of Batho Pele as not being an "add-on" activity but an initiative to direct the public service to continuous service delivery improvement. It is a way of delivering services by putting citizens at the centre of public service planning and operations. This inclusive approach is a major departure from a dispensation, which excluded the majority of South Africans from decision making and participation. Batho Pele seeks to include all citizens for the achievement of a better-life-for-all through services, products, and programmes of a democratic dispensation. Maserumule (2007:90) refers to Batho Pele as a concept reflecting the imperatives of Ubuntu, which is an African philosophy of humanness.

Richard Baloyi, Minister for Public Service and Administration, in the Service Delivery Review (2008:9) states that one of the good policies that the government has developed is the Transformation of Public Service Delivery, commonly referred to as the Batho Pele policy, which provides a framework and practical implementation strategy to put people first as we see the rollout of services provided to the public that we all have to serve. Batho Pele has become a feature of our public service. Standards have been introduced; departments and offices have displayed the Batho Pele principles on their notice boards; choirs have sung confirming that the message of Batho Pele has reached our public servants; awareness campaigns have been conducted informing the public what to expect from the public service as described by the Batho Pele policy. He continues to say that he not sure if the government has reached a state where public service compliance with these principles is at the expected level.

Baloyi alludes to the feedback that is received from the people that it indicates that there is room for improvement in dealing with Batho Pele compliance as it is at least on an average level. Baloyi further refers to a study conducted on the state of compliance with the Batho Pele principles by the Public Service Commission where it was found that the rate of compliance is very low. He says in such forums, they need to share their understanding and experience to answer some questions such as ; what is missing in the public service to make sure that departments live up to those expectations? Is it a question of capacity? Is it due to limited resources? Are there immovable and fixed blockages? What needs to be done to turn the situation around? Does the inclusion of Batho Pele compliance as one of the performance assessment tools against which to measure and merit the public servants a necessity? Is compliance at all times measurable? This is vital for the understanding of managing absenteeism as the effects on service delivery are evident.

In the Service Delivery Review, Baloyi (2008:9) examines how adhering to the Batho Pele principles and complying with the code of conduct can improve service delivery and states that:

For the policies to be implemented and for the public service to remain competent, there should be public servants who have with the following attributes:

- Breaking new ground;
- Inspiring success;
- Raising the standard;
- A determination that nothing is impossible;
- Making a difference to people;
- Collective responsibility and teamwork;
- Being on board; and
- International activism.

He further alludes to the fact that the Code of Conduct in the section - Relationship with the public provides that a public servant:

- Shall promote the unity and wellbeing of the nation;
- Shall serve the public in an unbiased and impartial manner;
- Shall be polite, helpful and generally accessible;
- Shall have regard for the circumstances and concerns of the public;
- Shall be committed and provide timely services;
- Shall not unfairly discriminate against any member of the public;
- Shall not abuse his/her position;
- Shall respect and protect every person's dignity; and
- Shall recognise the public's right of access to information, unless specifically protected by law. With this understanding as clearly stated by Baloyi it is evident that when there is absenteeism the expected attributes of public servants coupled with the expected relationship with the public as provided by the code of conduct is unable to take place, therefore absent.

In the White Paper on the Transformation of the Public Service Delivery, 1997, it is acknowledged that the Batho Pele Principles present the public servants with a great challenge. Even so, it is also acknowledged that there are many dedicated public servants at every level welcoming the challenge, taking Batho Pele as an opportunity to provide their fellow citizens with public services that make them proud. Rapea (2004) also alludes to the adoption of the Batho Pele concept in 1997 as not a public relations stance but a deliberate strategy to instill a culture of accountability and caring by public servants. Through this strategy public servants must become service oriented, strive for service excellence and commit to continuous service delivery improvement. The management of performance is key to instilling the culture of Batho Pele as these principles need to be integrated into the departmental strategic plans. These principles are perceived by public servants as a set of intangible rules rather than an ethos that guides actions and behaviours and an attitude that shapes the character of the public service (Batho Pele Handbook, 2003). As attitude informs behaviour, career pathing is influenced by the linkage between job design and qualifications.

2.3 MAKING BATHO PELE HAPPEN AND PUTTING THE PRINCIPLES INTO PRACTICE

The White Paper on Transforming Public Service Delivery, 1997, makes clear how to make Batho Pele happen with putting its principles in practice. Hereunder, is a demonstration of how to make Batho Pele happen:

2.3.1 Consulting Users of Service

Consulting must be done regularly and systematically not only about current services but also the provision of new basic services. This can be done in various ways, including but not limited to, customer surveys, interviews with individual users, consultation groups and meetings with consumer representative bodies. This process should be conducted sensitively and allowing anonymity should need arise.

2.3.2 Setting Service Standards

In some instances, setting of standards serves as a baseline to indicate the type and quality of service to be provided. Some standards address issues of process such as length of time to be taken when providing a service, other standards will be about outcomes. The department of health might set a standard for a maximum time a patient should wait at a primary health care, (ECDoH Services Charter, 2007). It is important that these standards are set based on the SMART principle: simple, measurable, achievable, realistic and time bound. Performance on standards must be reviewed annually and, as they are met, they should be progressively raised year on year.

2.3.3 Increasing Access

One of the primary aims of Batho Pele is to provide a framework for making decisions about delivering public services to the many South Africans who were and still are

denied access to them. A variety of factors affecting access exists and these include geography, infrastructure, communication, culture, social issues and the list goes on. Service Delivery programmes should therefore specifically address the need to progressively redress the disadvantages of all barriers to access.

2.3.4 Ensuring Courtesy

The concept of courtesy goes much wider than asking public servants to give a polite smile and say 'please' and 'thank you', though these are certainly required. The Code of Conduct makes it clear that courtesy and regard for the public are fundamental duties of a public servants by specifying that public servants must treat members of the public "as customers who are entitled to receive the highest standard of service" (Code of Conduct 2003). Many public servants practice this principle automatically because they joined the public service precisely to serve the public. The performance of employees who deal with customers must be regularly monitored and performance which falls below the specified standard should not be tolerated (Batho Pele Handbook, 2003).

2.3.5 Providing More and Better Information

National and provincial departments must provide full, accurate and up-to-date information about the services they provide as well as who is entitled to it. This information is a powerful tool at the customer's disposal in exercising his/her right to good service.

2.3.6 Increasing Openness and Transparency

Openness and transparency are the hallmarks of a democratic government and are fundamental to the public service transformation process. Key to this aspect is that the public should know more about the way national and provincial departments are run, how well they perform, the resources they consume and who is in charge. Additionally, national and provincial spheres of government may utilise events such as open days,

preferably not during normal working hours, to invite citizens to their departments to meet with all levels of officials to discuss service delivery issues, expected service delivery standards and problems in their respective departments.

2.3.7 Remedying Mistakes and Failures

The Batho Pele principle of redress requires a completely new approach to handling complaints. All dissatisfaction expressed is to be acknowledged. This is an indication that the citizen does not consider that the promised standard of service is being delivered. Staff should be encouraged to welcome all complaints as an opportunity to improve service and to report complaints so that weaknesses can be identified and remedied. The entire process is to be done fairly, speedily, confidentiality respected and the system should be promoted and accessible to all.

2.3.8 Getting the Best Possible Value for Money

Improving service delivery and extending access to public services to all South Africans must be achieved alongside a strategy for reducing public expenditure and creating a more cost-effective public service. Failure to give a member of the public a simple satisfactory explanation to an enquiry may result in an incorrectly completed application form which will cost time and money to put right. A few hours each month of a senior manager's time spent talking to customers and the staff who serves them may save hundreds of thousands of rands.

2.4 PURPOSE OF ABSENTEEISM MANAGEMENT

Nel *et al.* (2001:582) define absenteeism as withdrawal behaviour when it is used as a way to escape an undesirable working environment. Van Der Merwe and Miller (1988:3) defines absenteeism as an unplanned, disruptive incident; but more specifically 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 lack of its management can lead to no or poor service delivery.

The definition by Nel *et al.* (2001:582) of absenteeism being a withdrawal behaviour to escape an undesirable working environment is evidence to employees whom would in some instances experience a conflict of interests with their managers. Some employees are experiencing personal differences with their managers. The bad blood within the unit or team or section which might be caused by a professional or personal conflict of interest effects negatively on service delivery. This behaviour would manifest itself by employees who are in the work environment but not perform any duties therefore presenteeism takes place, others would physically withdraw self by not reporting for duty neither provide reasons for being absent. The undesirable working environment does not only affect employees on log ahead's but all employees within that environment causing service delivery to be hampered as this environment's atmosphere spreads throughout the team or section causing poor or no service delivery at all.

Employees 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 organisation. Salaries are not the only incentives that lend to a work ethic and/or job satisfaction. This is especially evident when it comes to professionals and skilled people. Nel *et al* (2001:583) state that, if the employee's 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 organisation, some employees who are enthusiastic to implement new creative ideas may become frustrated on realising that legislation may be a barrier in improving the services and might decide to leave the organisation; 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 organisation level, the employee inputs – skills and competencies which they bring to the organisation-

cannot be processed through the legislation and systems which in this case are the 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) state that should the employee's 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 for non – delivery of services. It becomes imperative that this relationship between qualifications and job satisfaction is closely monitored and managed in order to maximise the delivery of services.

Gaudine and Saks (2001:15-29) conducted a study in Canada which sought to test the influence of employee absenteeism in the organisation. Absenteeism was found highest among the health care sector and the social assistance workers. When the results were communicated, they proved successful in reducing employee absenteeism for employees with above - average absenteeism but not extreme absenteeism. This study could be used as a case study for best practice by the South African community especially the Eastern Cape Department of Health, to curbing absenteeism. Because of absenteeism, quality care can be compromised; for example when a paediatric intensive care nurse has to be replaced by a general nurse for a particular day because she failed to report for duty, patient care will be compromised.

The organisational culture and systems play a very vital role in the management of absenteeism. If a permissive culture in the system exists within an organisation regarding absence, employees will consider sick-leave as a benefit that needs to be utilised, or it will be lost. On the other hand, if unnecessary absence is managed by management and/or co-workers, the employee will think twice before abusing sick-leave

(Robbins 2003: 27). Organisations that provide liberal sick leave benefits are encouraging all their employees, including those who are highly satisfied, to take days off. Assuming that you have varied interests, you can find work satisfying and still take off to enjoy a three-day weekend or tan on a warm summer day if those days are free and come with no penalties (Robbins 2003:80).

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– doing just what is required; and maximum level – doing more than is required. When a person is functioning at the first level or the third level as denoted above, this may be a cause for absenteeism. Motivation when not properly managed could cause employees to act in an unacceptable behaviour. The performance management system when not implemented or not properly managed could be a great cause for high absenteeism rate.

The Acquired Immune Deficiency Syndrome pandemic also poses a social challenge and presents a negative relationship to service delivery. 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. The prevalence of HIV/AIDS means that if a significant number of employees are infected and affected by HIV /AIDS, employees can be absent in order to look after themselves or infected relatives. There could be low productivity as a result of employee sickness or stress caused by inability to take care of relatives who are ill. Service delivery is affected by the prevalence of HIV/AIDS pandemic whether directly or indirectly. It is imperative that organisations put in place policies to deal with this situation and these must be communicated throughout the organisation for clarity and understanding to all the employees. A lot is written on the HIV/AIDS pandemic about linking performance to absenteeism as alluded to by Nel *et al.* (2001), this environment is a wakeup call to management to pro-actively put in place systems to ensure and promote effective service delivery in spite of the challenging circumstances.

According to Ferris and Bruckley (1996: 536-540), hypothetically absenteeism in organisations presents itself in two ways: one kind is the frequent offender, the employee whose numerous one day absences often fall on a Monday or a Friday or has frequent one or two days absence from work. This kind of employee collects a high number of 'so-called' attitudinal absences. Temporary respites from work generally reflects a preference to do something else other than spending eight hours in the office. The other kind is long- term absenteeism. Long-term absenteeism is not deliberate or planned, may result from work or non-work injury which generally has nothing to do with the employee's work ethic or personal value system. What are the costs of long term absenteeism? Elements affected by long term absenteeism include:

1. Benefits as most organisations continue to provide benefits for employees who are absent on a long term basis, for a stipulated number of days.
2. Lost productivity, as is the case with short term absenteeism the time and effort associated with recruiting, orienting and training replacement employees also exists for long term absence. The productivity of a new or transferred employee will suffer until standard level of competency is achieved. This kind of absence is expensive and often disrupts the normal functioning of an organisation.

Can money motivate people to work? This question has been a concern of employers and managers since the Industrial Revolution. The Human Resources Management practices imply a change in the commitment of parties to one another at the psychological level. Guest (1998:42) argues that the whole rationale for introducing human resource management policies is to increase levels of commitment so that other positive outcomes can ensue. In this perspective, commitment is in terms of 'organisational citizenship behaviour' or compliance. For human resources measurement, demonstrating the link between the human resources management strategy and organisational performance requires the measurement of some set variables. The methodology for ensuring high internal validity would ideally permit a calculation of how different human resources management strategies or individual practices affect economic performance while controlling the other factors that might affect those performance outcomes.

2.5 CAUSES OF ABSENTEEISM

One of the factors that has the potential to lead to absenteeism, both sanctioned and negative absenteeism, is the prevalence of the HIV and Aids pandemic. Management Solutions highlights the realities of absenteeism facing South Africa as in a monetary value estimated at R12 billion per annum with R1.8 billion – R2.2 billion due to AIDS (Business Report, 9 February, 2005). This report further indicates the level of absenteeism in South Africa to be above five percent while according to the internationally accepted norms it should be less than three percent.

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 organisation. In addition the study examined the relationship absenteeism has on new jobs and three work attitudes: organisational commitment, job satisfaction and role overload. Here the specific hypothesis tested was: past absenteeism is a better predictor of new job absenteeism in the same organisation than are the employee attitudes. This relationship can be affirmed by an example of an organisational culture where absenteeism is acceptable as organisational working conditions and penalties are very minimum.

Luthans (1995:129-130) attempted to find a relationship between satisfaction and productivity. Although a positive relationship is mostly assumed, his analysis revealed a less than one percent (0.17) average correlation between the two. This confirms the fact that an inverse relationship exists established between satisfaction and absenteeism. However, as with other relationships with satisfaction, there are moderating variables such as the degree to which people feel that their jobs are important. For instance those who believed their work was important had lower absenteeism than did those who felt their work was less important. Additionally, it is important to remember that while high job satisfaction will not result in low absenteeism, low job satisfaction is likely to bring about high absenteeism.

Organisational commitment or lack of it thereof can be a cause of absenteeism. This is defined as a strong desire to remain a member of a particular organisation, a definite belief in, and acceptance of, the values and goals of the organisation, a willingness to exert high levels of effort on behalf of the organisation. The absence of this attitude about employees' loyalty to the organisation as well as the expression of concern for the organisation's continued success and well-being should be an alarm as it could result in the withdrawal from work effect (Luthans 1995:130).

Geber, Nel and van Dyk (1998:323) ascertain the relationship between group cohesion, productivity and other organisational outputs through Grey and Starke (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. One extreme is to reduce the group's output, while another extreme is to withdraw from 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 effect for withdrawal from work. Groups with high cohesion are those in which interpersonal problems have been ironed out, and this promotes individual job performance. The effect of cohesion on productivity changes in accordance with the source of this cohesion. High cohesion, that is merely the result of a strong attraction between group members, exerts only a slight influence on productivity while high cohesion a result of a common organisational goal can have a positive effect on productivity.

Gerber *et al.* (1998:62-63) illustrate involvement with the organisation as a tool to reduce absenteeism and later turnover. Involvement represents a state where individuals feel strongly drawn to the objectives, values and goals of the employer. Employees who are deeply involved are more inclined to increase their participation in the activities of the organisation. Employee attendance is increased when they feel committed to the organisation and develop a strong desire to stay and continue their contribution to goal achievement with which they identify. Successful organisations are characterised by performance-inclined, innovative and creative employees.

Robbins (2003:63) illustrates organisational systems influenced by organisational culture causing human output to be productive, absence, turnover or satisfaction. Organisational culture is found to be directly proportional to absence when not managed properly while inversely proportional when managed correctly. Robbins (2003:81) links absenteeism to satisfaction and deduces a negative correlation. In the organisation when there is no satisfaction there is a cause for absenteeism, Swanepoel, Erasmus, van Wyk and Schenk (2003:26) refer to one of the causes for absenteeism as boredom. An example is an organisation with a great deal of specialisation where employees perform only a few specified tasks for which they are specifically trained, some may become very bored with the monotonous work. Such dissatisfaction may lead to low productivity and withdrawal from work.

As has been alluded to, these causes have implications on absenteeism for both the service users 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.

2.6 OUTCOMES FOR MANGEMENT OF ABSENTEEISM

The definition by Cascio (1995: 45) of absenteeism as any failure of an employee to report for or remain at work as scheduled, regardless of reason, expresses a monitory implication. The term 'as scheduled' is very significant, for this automatically excludes vacations, holidays, jury duty and the like. It also eliminates the problem of determining whether the absenteeism is excusable or not. Medically verified illness is a good example. From a business perspective, the employee is absent and is simply not available to perform his/ her job, which means the absenteeism will cost money.

According to Ivancevich and Matteson (1996:217), absenteeism is costly because it reduces output and is disruptive because it requires that schedules and programmes be

modified. Van der Merwe (1988:32) also establishes a relationship between absenteeism and turnover in that they share a withdrawal behaviour where with absenteeism the behaviour is temporal and permanent with turnover. The cost of absenteeism is huge in most organisations as it is with government departments, as this is one of the contributory factors in the failure of organisations and government departments to meet performance targets.

Organisational labour productivity needs to be analysed regarding how it will change in the future. Projected employee turnover and absenteeism influence the productivity of an organisations' workforce and its future workforce needs. This issue must be analysed so that plans can be developed to address them (Swanepoel *et al.* 2003:241).

The monitoring of absenteeism and labour turnover is a human resources 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/or conflict within the relationship with labour. It is the responsibility of the human resources department 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.

Ferris and Bruckley (1996:516-517) state that the final people processing activity in personnel and human resources management is organisational exit, or the way in which people voluntarily or involuntarily move out of organisations. Two most commonly discussed issues related to exit are absenteeism and turnover. They represent major costs to many organisations. 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 organisation while costs

and causes of turnover, on the other hand, sometimes leave the organisation. This can prove to be advantageous especially if the people who leave the organisation are poor performers and those who replace them bring in new perspectives and talents. Decisions about absenteeism and turnover, ultimately made by employees are, therefore, considered to be more voluntary than involuntary.

2.7 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 service versus the rendered service as much as it is not limited to perceptions. Absenteeism has been analysed by various authors and various conclusions have been drawn. Absenteeism was assessed against Batho Pele principles and deductions were more positively 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 also 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 the public.

CHAPTER 3

ABSENTEEISM EFFECT AND BATHO PELE IMPLEMENTATION IN THE DEPARTMENT OF HEALTH AT A PROVINCIAL LEVEL

3.1 INTRODUCTION

This chapter will give an exposition of the macro and micro effect of absenteeism on service delivery with special reference to the application of Batho Pele principles. On a micro level the researcher will concentrate on the current state with regard to absenteeism and its effect on the implementation of the Batho Pele principles in the Nelson Mandela Bay Health District while on a macro level a broader perspective will be at a provincial level in the Health department as well as inter - departmental. Information gathered here will assist the researcher in formulating an opinion or nullifying the assumptions made on absenteeism and service delivery.

The Eastern Cape Department of Health was populated with 31 431 employees as reflected in the Annual reports for 2004/2005 and 31 356 in the 2005/2006 Annual report, while the population of employees was at 34 597 in 2007/2008. The health facilities are situated in the last tier of government which is the local government. This environment obligated the department to demarcate in line with the local government demarcation of districts. This enables working relations within the province. It also reduces duplication of services within the same area by two centres of power; the government and municipality. Once the department aligned the demarcation to the local government, in areas where there were duplication of services, service level agreements were drawn so as to indicate who takes over what risks and responsibilities.

3.2 THE EFFECT OF ABSENTEEISM AT A PROVINCIAL PERSPECTIVE

The researcher will be giving a broader view of absenteeism in the Department of Health. For benchmarking purposes there will be a very brief reflection of two other departments regarding their performance in relation to absenteeism and service delivery. The researcher randomly selected the Department of Social Development and the Department of Education as associate cluster departments of the health department in the Social need cluster. The Public Service Commission's view point as the custodian of good governance will also be considered under this provincial perspective.

Every organisation is directly or indirectly effected by the external environment. This environment comprises political mandates, economic aspects, social aspects, climate changes and the religious aspects. This is evident in micro and macro operations of an organisation. The organisations have very little or no control over this external environment as it may pose either an opportunity or a threat to the organisation. The only strength of the organisation with regard to this external environment is proactive development and implementation of strategies to manage. Even the government is not immune to the influence of this external environment as it has an obligation to carry out a political mandate of the ruling party.

The Provincial Growth and Development Plan (PGDP) of the Eastern Cape Province was a political mandate that was translated to a 10 year strategy that highlights the priorities of service delivery. The achievement of these priorities is subject to human resources being available. The mandates on an annual basis are derived from the State of the Nation Address (SONA) which cascades down and is translated to the State of the Province Address (SOPA) where political priorities are highlight that must be met either in line or additionally to the PGDP. The realisation of these plans is dependent on the viability of the economic aspect globally as well as employees present for duty as scheduled.

3.2.1 The Analysis of Absenteeism and the Implementation of Batho Pele Principles

With reference to the Health Professions Council the norms for the professional/patient ratio is 1:30 per day as reflected in chapter one. If one assumes there are 500 patients to be consulted a day on their health presentations based on the population of a particular community and there are five (5) professionals appointed in the facility but only three (3) are on duty to attend to patients, while the one (1) is on leave and the other one (1) is absent. A brief look at how this scenario would effect on the implementation of each of the eight Batho Pele service delivery principles is explained hereunder:

The effect of absenteeism in implementing the Batho Pele principles is that the situation at hand would either cause fewer patients consulted a day but treated with high quality or all patients treated but with not much quality service rendered per patient, resulting in frequent consultation relapses by the same patients seen. Even though the acceptable norm and standard is one professional attending a maximum of thirty patients per day to give quality patient care, this would be compromised if the patients are all attended or the institution will be under political fire if patients would report that they were going to the institution for the past two days and were not attended to, which would result in non fulfillment of set waiting times as a standard for the ECDoH facilities.

Absenteeism has a negative effect on the communication strategy of the organisation 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 non communication of the status quo of a health facility deprives the

patients access to open and transparent communication. The virtue of being courteous and sharing information is negatively affected when employees are absent from duty when expected to report for duty.

3.2.2 The National Analysis of Service Delivery by the Public Service Commission

The functions of the PSC as outlined in the annual report for 2005/2006 includes but not limited to the following; to promote the values and principles, as set out in Section 195, throughout the Public Service; to investigate, monitor and evaluate the organisation, administration and personnel practices of the Public Service, in particular adherence to the values and principles set out in Section 195 and the public service procedures; to propose measures to ensure effective and efficient performance within the Public Service;

The PSC is accountable to the National Assembly and must report to it annually. It must also report to the Legislature of the province concerning its activities in each province. Its vision is to enhance excellence in governance within the public service by promoting a professional and ethical environment and adding value to a public administration that is accountable, equitable, efficient, effective, corruption-free and responsive to the needs of the people of South Africa. The vision of the PSC is to promote the constitutionally enshrined democratic principles and values of the Public Service through service delivery programmes. Through research processes, it will ensure the promotion of excellence in governance and the delivery of affordable and sustainable quality services; therefore absenteeism definitely effects negatively on the achievement of the Batho Pele principles.

In terms of the PSC annual report 2005/2006, the period under review also witnessed the Evaluation of the Implementation of the Batho Pele Principles in the Public Service in selected departments of which the Department of Health

was part. The assessed principles were; access; redress and value for money. The aim of the study was to determine whether or not departments comply with the requirements of the Batho Pele White Paper and the performance was proved to be partially compliant with the reduction of long queues but the travelling of long distances to service delivery sites was still the main complaints. According to the researcher these findings can be attributed to among other factors absenteeism.

3.2.3 The Analysis of Absenteeism and Service Delivery in Selected Provincial Departments

The researcher briefly embarked on analysing the effect of absenteeism in service delivery in two departments that form part of the Social Needs Cluster departments at a provincial level. Since the South African Government is structured in a series of clusters in both National and Provincial spheres as per their role in service delivery to promote and facilitate cooperative governance, (Parliamentary Monitoring Group, 2008) the Health department which is the case at hand is clustered under the Social Needs Cluster with four other departments which are Education, Social Development, SASAA and Housing. Two randomly selected departments of the four departments in the Social Needs Cluster were analysed and the effect of absenteeism and service delivery is summarised hereunder:

The 2006/2007 financial year annual report for the Department of Social Development was consulted. In the report it was presented that the department has a staff complement of 1474 out of 2151 posts, indicating a vacancy rate of 31%. The report reflects leave utilisation and makes mention of sick leave and disability leave and there is no mention of misconduct cases pertaining to absenteeism. It indicates a total number of sick leave taken with certificates as 1366 and this should be alarming for a staff complement of 1474.

An available annual report for the Eastern Cape Department of Education (ECDoE) was for 2007/2008 financial year. Provincially the ECDoE is among the biggest departments with a staff complement of about seventy five thousand (75 000) which even at face value you could say doubles the staff complement for the ECDoH as previously alluded to from the annual reports. The Human Resource aspect of the annual report reveal a staff complement of 75 267 out of 83 808 and a vacancy rate of 10.2%. Of the 75 267 employees only 27 644 are utilising sick leave with costs of about R119 205. Employees utilising disability leave are about 751 consuming R48 594 day annually. The report only indicates the number of people disciplined but not the aspect disciplined for. This report makes no mention of absenteeism while it only records above a quarter of its complement utilising sick leave which may be a reflection of only those with medical certificates. The ECDoE 2007/2008 annual report may imply a high absenteeism rate, not recorded because it is not monitored, and the question that remains is whether the department would see value for money in monitoring and managing this important aspect of people management.

As the Department of Educations' primary customers are the learners, service delivery is provided for them, absenteeism by educators which was previously alluded to, if not monitored and managed can effect on service delivery. The researcher therefore drew conclusions that absenteeism and service delivery are related and absenteeism has a negative effect on the delivery of services as services cannot be delivered by the personnel who are at the time absent from duty.

3.3 ABSENTEEISM AND SERVICE DELIVERY IN THE HEALTH DEPARTMENT

The ECDoH is divided into seven health districts namely; O. R. Tambo health district which has a population of approximately 1 676 477, Amathole health district at 1 664 258, Chirs Hani health district at 810 300, Ukhahlamba health

district at 341 339, Cacadu health district at 388 224, Alfred Nzo health district at 550 389 and the Nelson Mandela Metropolitan district at 1 005 776. The Head Office which is situated at Bhisho is mainly composed of Senior Management level personnel who perform the oversight, monitoring and support functions throughout the province. The information below as depicted below in table 1 has been extracted from the Departmental Annual Performance Plan (APP) 2007/08 - 2009/2010. Table 1 hereunder reflects this information.

TABLE 1.

**SITUATIONAL ANALYSIS OF HEALTH CARE FACILITIES
WITHIN THE DEPARTMENT AS AT NOVEMBER 2008**

District	% of Total	Population	% Urban	% Rural	Area (sq km)	Density /sq km
Nelson Mandela	16	1 005 776	97.9	2.1	1 969	510.0
Cacadu	5	388 224	27.2	72.8	58 166	6.7
Amathole	26	1 664 258	39.0	61.0	23 545	70.7
Ukhahlamba	5	341 339	37.9	62.1	25 276	13.5
O R Tambo	26	1 676 477	8.9	91.1	15 753	106.4
Alfred Nzo	9	550 389	2.0	98.0	7 976	69.0
Chris Hani	13	810 300	39.0	61.0	36 895	22.0
TOTAL	100	6 436 763	30	70	169 580	37.9

Population by Health District (Source: Population Census 2001 SA)

This study however focuses on the Department of Health in the Nelson Mandela Metropolitan Municipality. The Metro is composed of Uitenhage, Dispatch and Port Elizabeth city. In terms of the Health facilities the Metro is composed of one district hospital – Uitenhage Provincial Hospital in the Uitenhage town and three tertiary hospitals; namely Dora Nginza, Livingstone and P.E. Provincial in Port Elizabeth city (P.E). The three hospitals in P.E. were combined to make a hospital complex which performs tertiary level health functions. There are seven

community health centers (CHC) and fifty five clinics. The district hospital provides second level health services while the clinics and CHC's perform the Primary Health Care function at the first level, with CHC's running 24 hour service and clinics running an eight hour service. According to the National Health Act no 61 of 2003, clinics and community health centers (CHC) are allocated and built as per the population at a given area. As an example, for every 10 000 people in an area a clinic is supposed to be erected, while for the same population a 24 hour observation should be rendered prior to referral to the district hospital and hence the community health center services. A map indicating all the health facilities in the Nelson Mandela Metro as already alluded to is attached as annexure A.

3.3.1 The Analysis of Service Delivery by the Department of Health

The researcher seeks to ascertain if the service delivery was of the expected standards by analysing the annual reports for the 2004/2005, 2005/2006 and 2007/2008 financial years. The vision of the ECDoH is to provide a health service to the people in the Eastern Cape Province promoting a better quality of life for all. When the employees are absent this vision is not realised or is partially realised as the services provided at a given time are compromised. In the vision the department also refers to a better quality of life for all which when assessed based on the previous scenario is not fulfilled if patients keep relapsing or patients returned home without service on a particular day due to shortage of employees.

The mission of the Department of Health is to provide and ensure accessible comprehensive integrated services in the Eastern Cape emphasising the Primary Health Care approach utilising and developing all resources to enable all its present and future generations to enjoy health and a quality of life. The realisation of this mission is failed when there are fewer than expected or no staff to provide a service to the community.

The core values of the department as indicated in the 2005/2006 - 2009/2010 Strategic Plans include, among others the following:

- (1) Equity of both distribution and quality of services;
- (2) Service excellence including customer satisfaction;
- (3) Fair labour practices;
- (4) Good work ethic and a high degree of accountability;
- (5) Transparency demonstrated through consultation with all stakeholders in the health industry, and;
- (6) Access to essential health services.

With reference to the previous scenario, patients will either be given a rushed service which might be compromised in terms of quality for the sake of attending to everyone on site at a given day. This might result to the professional ratio being adhered to and patients provided with quality services, forcing others to be turned away without being assessed at a given day. Absenteeism definitely effects negatively in either of the above stated core values, thereby compromising the level of services rendered.

3.3.2 The Analysis of Absenteeism in the Annual Reports of the Department of Health in Relation to Service Delivery

According to the ECDoH Annual Reports the 2004/2005, 2005/2006 and 2007/2008 financial years were reviewed as they are the comprehensive analysis of the departmental performance and of the status quo in the years under assessment. The analysis of absenteeism management and its effect on the implementation of the Batho Pele principles is also contained therein. In the annual reports after the analysis of the departmental performance per programme the reports provide an analysis of all human resources related

issues, the Audit Committee Report and the Auditor Generals' Report that reflect either positive or negative effect on service delivery.

The annual reports for 2004/2005, 2005/2006 and 2007/2008 contains the Department of Health's vision, mission and core values. The annual reports addresses in summary, progress report by each service delivery programme, the Auditor General's report on the department, the Audit Committee Report and the Human Resources Oversight Report aspect of the department where absenteeism and service delivery are alluded to and a comparison and analysis can be drawn and are illustrated hereunder. The researcher limited the analysis to those areas of the annual report that directly refer to the study.

In the Annual report for 2004/2005, the Service Delivery Initiatives (SDI) and standards are indicated as services that included speeding up service delivery of Primary Health Care (PHC) services through the district system, decreasing mobility & mortality rates, revitalising of health care facilities while in the Annual report 2005/2006 they are reflected as generally holistic of PHC services and inclusive of EMS, Orthotic and Prosthetic services as well. When there is absenteeism, the implementation of these service delivery initiatives are not provided as per their set expectations. The Annual Report for 2007/2008 is reflective of 2005/2006 but indicating that the services are continuing, the extent of the progress is not provided.

The annual report for 2004/2005 reflects Consultation Arrangements for customers as carried out as a Batho Pele principle through meetings, road shows, conferences by various stakeholders while in the Annual report 2005/2006 it is specific to customer comments through Patient Satisfaction Surveys, meetings with staff, communities and appearances before legislators. The 2007/2008 annual report reflects the same consultation arrangements but extended to General staff meetings, District Health Planning forum, Health Indabas and Clinic and Hospital boards.

Service delivery access strategies in the Annual report of 2004/2005 are reflected as the development of a new service delivery model for effective administration and management of the department, while the 2005/2006 annual report extends it to the strengthening of the PHC approach, referral system and rehabilitated and revamped health facilities. The 2007/2008 annual report reflects access strategies to include outreach and in-reach programmes, eHealth and aeromedical services. With absenteeism the access strategy cannot be realised to its full potential.

The human resource aspect of service delivery reflected as personnel costs by programme indicated in the annual report for 2004/2005 shows personnel costs departmentally exceeded 51% of the voted funds and constituted 64% of the total expenditure while the 2005/2006 annual report indicates personnel costs departmentally constituted 56% of the total expenditure which is an increase of five percent. For 2007/2008 the personnel costs departmentally constituted 57% of the total expenditure which is only 1% increase. This increase reflected in personnel costs is an area for concern when there is an increase in absenteeism as well due to various aspects this is a vital fact for consideration in any organisation.

With reference to employment and vacancies it is indicated for 2004/2005, the number of posts filled is 31 431 and a vacancy rate is at 31.9% while in the 2005/2006 annual report a decrease is indicate in the number of posts filled as 31 356 but a vacancy rate of 35.8% which is an increase of around 4 %, for 2007/2008 an increase is reflected by the figures which are 34 597 and a vacancy rate of 34.4%.

Sick leave and disability leave as an unplanned disruption in the workplace are a form of absenteeism. The annual report for 2004/2005 reflects respectively their extent and cost, the number of employees using sick and disability leave was 18

329 and 357 respectively, costed at R40 210 and R5 084 respectively while the 2005/2006 annual report reflects an increase in the number of employees using sick and disability leave to 18 637 and 618 respectively, costed at R42 228 and R8 861 respectively. The sick leave and disability leave figures and costs are increasing each year as it is the case as well with the 2007/2008 annual report which reflects 19 424 and 201 employees costed approximately at R52 487 and R 4 197 respectively.

The last service delivery area of interest in relation to the study was the types of misconduct addressed and disciplinary hearings reflected in the 2004/2005 annual report, as in the types of misconduct cases, absenteeism constituted 53% where out of 129 cases 69 were absenteeism misconduct cases while the 2005/2006 annual report reflects an increase in the number of absenteeism misconduct cases where out of 387 cases 204 were absenteeism, the misconduct cases were 109 and absenteeism constituted 27 in the 2007/2008 as reflected by the annual report. This reflection is evidence that absenteeism is prevalent and these cases are the reported ones while there are those cases which are either not reported or managed.

The above reports as a summary of the Human Resource aspect could be interpreted in the following way:

- Leave taken by ECDoH employees irrespective of category, are sick and disability leave which is paid leave, meaning in the absence of services rendered for the upliftment of service delivery costs incurred are averaged to R2 2647 in 2004/2005, R25 545 for 2005/2006 and R 56 684 in 2007/2008 financial year.
- The vacancy rates averaged at 33.85% for the years under review is, in addition to the burden of absenteeism, causing the department not to render health services according to expectations.
- Absenteeism captured may be at a constant rate of 53% but the number of cases has increased significantly from 69 employees to 204 employees

departmentally. In these DOH Annual Reports, data regarding unauthorised leave is not reflected and this could mean it is either insignificant or it is not managed or reported.

The above could have a negative effect on service delivery as the vacant posts coupled with absenteeism, increase the workload on the existing employees. This might result in burnout that may culminate in low productivity. Lack of personnel due to a high vacancy rate as well as absenteeism could affect the quality of services that are provided mainly to the patients as the time spent with the patients may be reduced due to long queues. Costs could be escalated as a result of the average length of stay for patients who may not get appropriate treatment/ diagnosis and adequate health care due to the limited number of health care practitioners. A national norm for the vacancy rate as set by the Department of Public Service and Administration is between 10% and 15%, while the ECDoH was at 35%; this therefore could imply that other service standards could not be met in terms of nationally and provincially set service standards as required in terms of Batho Pele principles.

There are Audit reports as well which are reflected in the Annual Reports for the years ended 31 March 2005 and 31 March 2006 respectively. These reports are results of the Audit Committees as charged by the Public Finance Management Act, sections 38(1)(a) and 77 read with paragraphs 3.1.13 and 27.1.10 of the Treasury Regulations.

This Audit report (2005/2006) is inclusive of the Auditor General's opinion which also bears reference to the management of leave, verification of employees and its cost. The Auditor General is an independent auditor functioning in terms of Chapter 9 institutions as contained in the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996) section 188(1)(a).

Leave entitlements recorded by the Auditor General, as reflected in the ECDoH annual reports, the personnel and leave records were found to be unsatisfactory. This is indicated as the result of insufficient measures taken to ensure that the system and related leave entitlement liability are accurate. Due to the absence of reliable leave records it was not possible to verify the accuracy, validity and completeness of the amounts disclosed for leave entitlements and capped leave approximated at R800 000 000. The verification of employees, indicated 30 employees that could not be accounted for and cost implications for these employees amounted to R4 663 559. It was further noted that there was insufficient controls in place to ensure that everyone receiving remuneration existed and worked for the Department of Health. Due to the significance of the matters discussed in this report, the Auditor General expressed a disclaimer of audit opinion.

The 2005/2006 annual report outlined in the overview that the service delivery environment indicated the demographic factors for the population group affected as a result of service delivery and/or non service delivery as well as both genders being affected. These demographic factors are an indication that the onus for the service delivery of the ECDoH is across the board. Table 2 hereunder depicts the picture of the ECDoH employees.

Table 2.

Distribution of population group in terms of race

POPULATION GROUP	MALES	FEMALE	TOTAL	%
Black African	2 589 197	3 045 882	5 635 079	87.5
Coloured	229 890	248 917	478 807	7.4
Indian/Asian	9 310	9 062	18 372	0.3
White	147 109	157 396	304 505	4.8
TOTAL	2 975 506	3 461 257	6 436 763	100

EXTRACTED FROM THE ECDOH ANNUAL REPORT - 2005/2006

The public sector is using one technological system for processing of personnel salaries and administration is called PERSAL. Not only does this system process personnel salaries but the entire filing of the employees as per the National Minimum Information Requirements, Circular 4 of 2001. Annually this system produces reports as per requirement on that particular sphere of interest. Depending on the frequency of updating the system, information captured may be 70% - 80% reliable. For this topic of absenteeism and its effect on service delivery a report on leave taken was requested and was analysed as follows:

The Annual Reports for the years under study reflect the number of employees as 31 431 for the year 2004/2005 while for the year 2005/2006 the employees were 31 356. This reflects a decline in the number of employees and various factors could be a result of that, including but not limited to deaths, resignations, transfers to other provinces for greener pastures and the like. In the table below a few leave categories have been selected for the analysis of trends on absenteeism. This analysis of leave reflects leave taken that the researcher directly links to absenteeism as they are the common reasons given for not reporting for duty. Table 3 hereunder gives a picture of leave taken in figures for the years under review comparatively.

Table 3.

Analysis of leave related to absenteeism

LEAVE CATEGORY	2004/2005	2005/2006	2007/2008	DIFFERENCE/ COMMENT	% INCREASE
Sick Leave	41 487	44 026	52 487	There is a drastic increase	-
Temporary Incapacity	819	1 829	201	There is a drastic decrease	-
Family Responsibility	4 052	4 944	Not reflected	892	22.01
Special Leave	4 415	5 555	Not reflected	1140	25.82
Leave Without Pay	3 153	3 251	Not reflected	98	3.1
Shop Stewards Leave	423	658	Not reflected	235	55.55
Maternity Leave	291	323	Not reflected	32	10.99
TOTALS	54 640	60 586	52 688	2 397	117.47

ANALYSIS DRAWN FROM THE INFORMATION EXTRACTED IN ECDOH ANNUAL REPORTS 2004/2005, 2005/2006
AND 2007/2008

The above analysis constitutes absenteeism trends for the financial years under review and will be discussed below. There are other forms of leave that have been analysed that partially constitute absenteeism such as vacation leave and adoption leave. All of these leaves fully considered and coupled with the high vacancy rate could yield unbecoming results in respect of service delivery.

3.3.2.1 Temporary Incapacity Leave

Table 3 above shows that Temporary Incapacity Leave has risen by more than 100 per cent from 819 in 2004/2005 to 1829 in 2005/2006 and a dramatic decrease in 2007/2008 to 201. These huge variations reflected in the years analysed might be due to a number of reasons which may include inaccuracy in capturing the figures. Employees in the Public Service are entitled to 36 days sick leave in a three year cycle, which starts from 01 January 2004 to 31 December 2006. If an employee has used all his/her leave, then the employee will have to utilise vacation leave or sick leave without pay. However, an employee may be granted Temporary Sick Leave provided that the illness is of a serious nature and continuous for a period of more than a month. In terms of the Policy and Procedure on Incapacity Leave And Ill-Health Retirement (PILIR), 2005 the Department of Public Service and Administration (DPSA) has clarified the procedure or process to be followed when it comes to granting of Temporary Incapacity Leave.

Therefore, the increase in the number of days in 2005/2006 could be as a result of the clarity as per the abovementioned regulation on PILIR or poor recording on leave in the previous financial year, which could have been improved in 2005/2006. The annual report 2005/2006 is silent about an increase of more than a 100% in the utilisation of Temporary Incapacity Leave as well as the multiple decrease in 2007/2008. This scenario suggests lack of management of leave in the department.

3.3.2.2 Shop Stewards Leave

Shop stewards, who are elected by their labour organisations, are entitled to a special leave of ten days per annum, for union activities. The difference between the leave that was taken in the previous financial year is 55.55% which is

significant as it is more than 50% increase. This increase could be as a result of employee awareness of this benefit, improved recording of leave, strengthening of management capacity and the like.

3.3.2.3 Sick leave

The annual reports reveal that there is an increase of 6.08% on the utilisation of sick leave with full pay, by the employees of the department of health.

3.3.2.4 Family Responsibility Leave

Employees are granted three days per year for utilisation, if the spouse or life partner gives birth to a child or the employee's spouse, child or life partner is sick. Should a partner, child or spouse dies, five days is granted provided that the total number of days given does not exceed five days in a year. Family responsibility leave has increased by 22.01 %, which suggest that employees are utilising this benefit hence having an effect on service delivery.

3.3.2.5 Special Leave

This kind of leave is granted when an employee writes exams, is selected to play in a national team, injury on duty, rehabilitation and the like. The increase reflected is 25.82% which is an indication of high absenteeism at particular intervals either because of studies or sport, this does effect on service delivery.

3.3.2.6 Leave without Pay

More than three thousand days were taken by the employees as leave without pay. It is not clear from the report as to whether authority to take leave had been granted or not. The difference as reflected between the annual report 2004/2005 and 2005/2006 is 3.1%

3.3.2.7 Maternity Leave

Public servants are entitled to four months paid maternity leave which can be taken anytime from four weeks before the expected birth date of the child. Leave taken is average of 300 days per year. Given the fact that more than seventy per cent of the departmental employees are females, this figure may not be accurate. Employees may take up to 120 days for this kind of leave.

Secondary data that was conducted on documents such as leave policy, study leave policy and attendance registers were reviewed as well as the legislation that the researcher saw relevant to the management of absenteeism and improving of service delivery. Among the vast variety of Acts; the Basic Conditions of Employment Act 75, 1997 and the Labour Relations Act 66, 1995 were reviewed by the researcher to ascertain whether these labour acts that are protecting employees have any provision on absenteeism. The attendance registers for the visited facilities that were viewed revealed following the observations:

- There were blank spaces in the registers and no leave form to cover the blanks; and
- The registers did not have both monthly or quarterly checks and signing off or comments to reconcile with the employee signing and employee attendance.

The Basic Conditions of Employment Act 75, 1997 is not explicit on absenteeism. The Act makes clear provisions on the Leave – normal vacation; sick leave; incapacity leave; maternity and family responsibility leave. The researcher therefore can conclude that any unauthorised absenteeism is not acceptable and thus not recognised in any employment conditions.

The Labour Relations Act 66, 1995 refers to schedule 8 which makes mention of misconduct and any unauthorised behaviour or conduct constitutes misconduct where disciplinary procedures are to be engaged in. The breach of the code of good practice constitutes misconduct. The leave policy and the study leave were reviewed in an attempt to find out their stance with regard to its provision on absenteeism. Both leave policies, like the Acts that were reviewed, do not provide for unauthorised leave, but in the process flow of the leave policy it clearly indicates that should there be unauthorised leave it must be brought to the attention of the Human Resources Manager who will, in conjunction with the manager, take disciplinary procedures step by step. The study leave policy which is incorporated in the special leave policy also makes no mention of absenteeism except absenteeism due to school commitments which will be compensated from the employees' annual leave. It is assumed that this situation is a result of prior arrangement.

3.4 CONCLUSION

From these departmental Annual Reports it can be deduced that absenteeism is there through the various forms of leaves utilised. It is logical to say therefore that the effect of non-availability for duty due to any kind of leave stated above is negative as services rendered are not to the expected level and desired standard or quality. From the brief analysis of the Department of Education and Social Development it was reflected that absenteeism is prevent irrespective of the form it manifests itself.

This therefore can be evidence that absenteeism is an area to be monitored and managed by supervisors and managers. Absenteeism is a problem area across the board and it has a negative effect on service delivery, therefore, it must be managed pro-actively. The researcher can conclude from the above analysis that absenteeism negatively affected service delivery in the years under review.

CHAPTER 4

FINDINGS AND ANALYSIS

4.1 INTRODUCTION

In this chapter the researcher will explain the research method and the research style utilised in gathering the research data. The study utilised primarily the quantitative method. This data will be analysed proportionally to the objectives of the study; that is, the management of absenteeism in the Eastern Cape Department of Health as well as the effect of absenteeism in service delivery with special reference to the implementation of the Batho Pele principles. This collected data will reflect the current state of affairs with regard to absenteeism in the Nelson Mandela Metropolitan Health District as the case study at hand. This information was obtained through questionnaires and will assist the researcher with the 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 and service delivery.

4.2 BACKGROUND TO THE RESEARCH METHODOLOGY

The study was quantitative in that data collected was in relation to the problem statement through questionnaires, which was structured on the Likert scale. The questionnaire consisted of three sections in this respective order, the biographical information section, absenteeism and its influence on Batho Pele and the last section dealt with the management of absenteeism.

The researcher intended to interview the participants one-on-one so as to maximise the response rate for questionnaires as there was a high possibility of not returning the questionnaire due to the nature of the study. However, this was not possible in all facilities as well as all employees especially the clinicians even though appointments were 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 therefore were 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.

The Nelson Mandela Bay(NMB) constitutes; one district hospital which is the Uitenhage Provincial Hospital in Uitenhage town and three tertiary hospitals namely; Dora Nginza, Livingstone and P.E. Provincial in the Port Elizabeth (P.E) city. The NMB district has a population of 66 health facilities. A simple random sampling was employed in selecting the facilities and every fourth facility was selected making 12 sampled facilities. When these were broken down one hospital was sampled, one CHC and twelve clinics were sampled. The three health care levels are represented in the sample.

The sample was representative of all employment levels and work categories with various responsibilities in the institutions. It was anticipated that, due to the staff shortage, for the clinic sample the organisational structure would allow for three (3) professional nurses, five (5) assistant nurses and two cleaners, based on the population it is serving, with a possibility of getting two or three employees manning the institution irrespective of category. The same scenario was also anticipated for community health centres and hospitals but proportionate to their organisational staff complement. The sample consisted of 12 health facilities targeting managers of the facilities, administration employees including general assistants and clinical employees which are inclusive of both nurses and doctors. Questionnaires were distributed to 80 participants and 73 questionnaires were returned.

In selecting the participants a probability sampling technique was employed as the participants were selected purposively based on their roles in the facilities. For example in the hospitals the facility head, the head for nursing services, the head for medical services and the head for administrative services were selected to participate in the

study. In each category represented in the particular health facility two employees were selected purposively; that is any one employee in the unit and an employee with a high absenteeism rate based on the register or the managers' perception.

4.3 FINDINGS

The sample for the study composed 80 participants inclusive of the complex Chief Executive Officer, facility service delivery stream managers such as Head Nursing, Head Administration, Clinical Governance Head to mention a few, which are mainly attached to the hospital. Of the 80 participants that the questionnaires were distributed to, there was a 91% response rate. Findings are presented hereunder through bar graphs.

4.3.1 Biographical Data

The biographical data can be summarised as follows; the respondents were 17 males and 56 females where 53% were Africans, 10% Whites, 34% Coloured and 1% other races which was not specified. 95.8% of the respondents were permanent employees as indicated by the cumulative count and figure 1 below.

Table 4; Appointment type

Category	Frequency table: A7 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Permanent	70	70	95.89041	95.8904
Contract	3	73	4.10959	100.0000

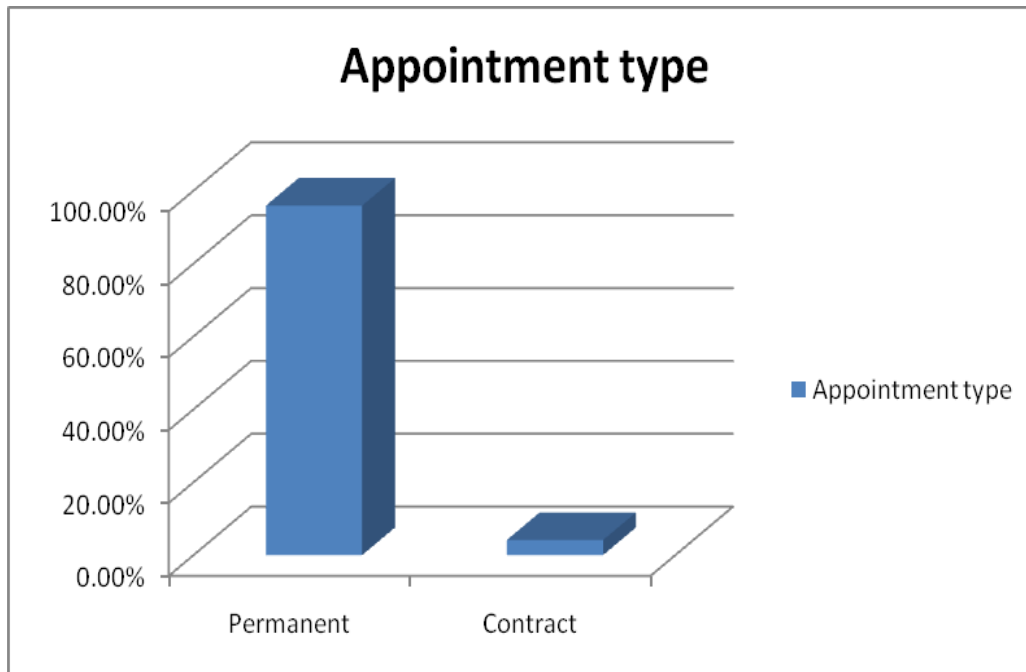


Figure 1; Appointment type

These 4% employment contract respondents constitute contract employees indicated as in figure 1 above. With the contract employees there was an even distribution of 16.67% with six months, one year and five year contracts and 50% on a three year contract. This is shown in the raw data hereunder and in figure 2 below.

Table 5; Employment duration

Category	Frequency table: A8 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Six months	1	1	16.66667	16.6667
One year	1	2	16.66667	33.3333
Three years	3	5	50.00000	83.3333
Five years	1	6	16.66667	100.0000

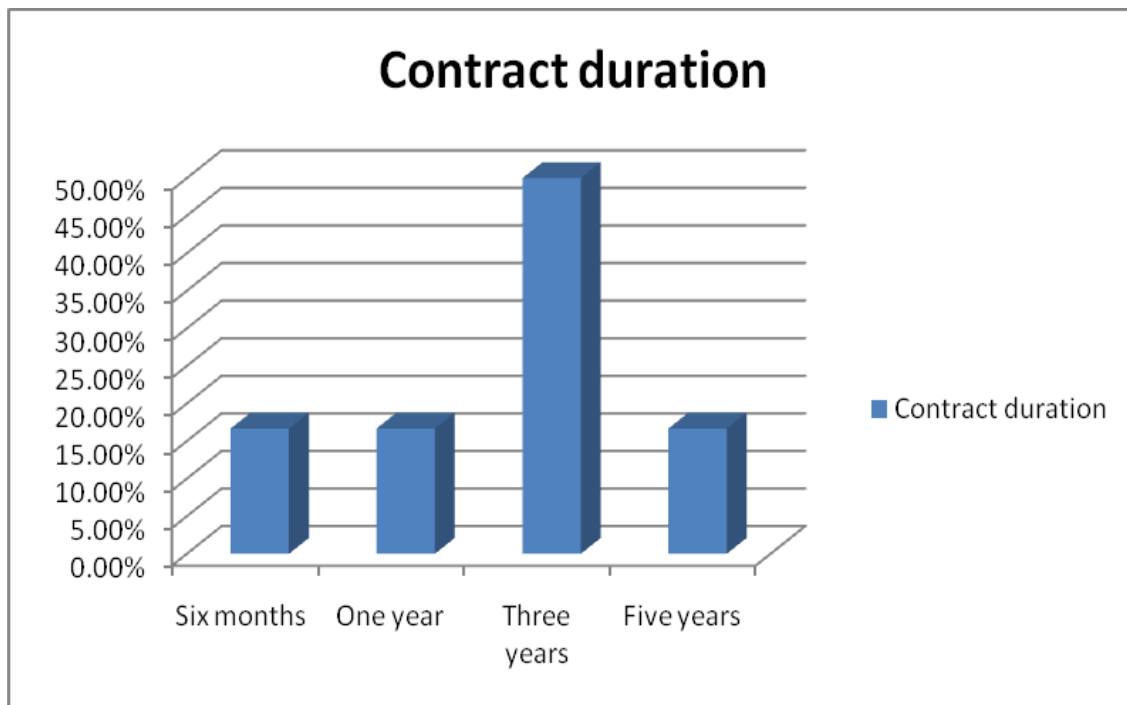


Figure 2; Employment contract duration

With regards to the length of employment, 39% of the respondents had 10 years or less in the service followed by 27% who were between 21 years and 30 years in service. The length of employment of the respondents is important in order to understand the duration of service of respondents in relation to the responses. The employment length of the respondents and the responsibility attached in relation to age and the understanding of the key aspects of this study that is service delivery with reference to Batho Pele and its implementation in the Public Service and absenteeism management are important. Figure 3 below illustrates this.



Figure 3; Length of employment

It was important for the study to know which job categories the respondents occupied as the study is about absenteeism management and its effect on service delivery with reference to the implementation of the Batho Pele principles as they have an effect on patient quality care. This understanding of job categories is important for the management of absenteeism as well as the level of service delivery implementation. Figure 4 below illustrates the distribution of the respondents' employment categories.

Table 6; Employment category

Category	Frequency table: A2 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Facility manager	8	8	11.11111	11.1111
Medical officer	5	13	6.94444	18.0556
Professional nurse	27	40	37.50000	55.5556
Nursing assistant	7	47	9.72222	65.2778
Administration	15	62	20.83333	86.1111
General assistant	10	72	13.88889	100.0000

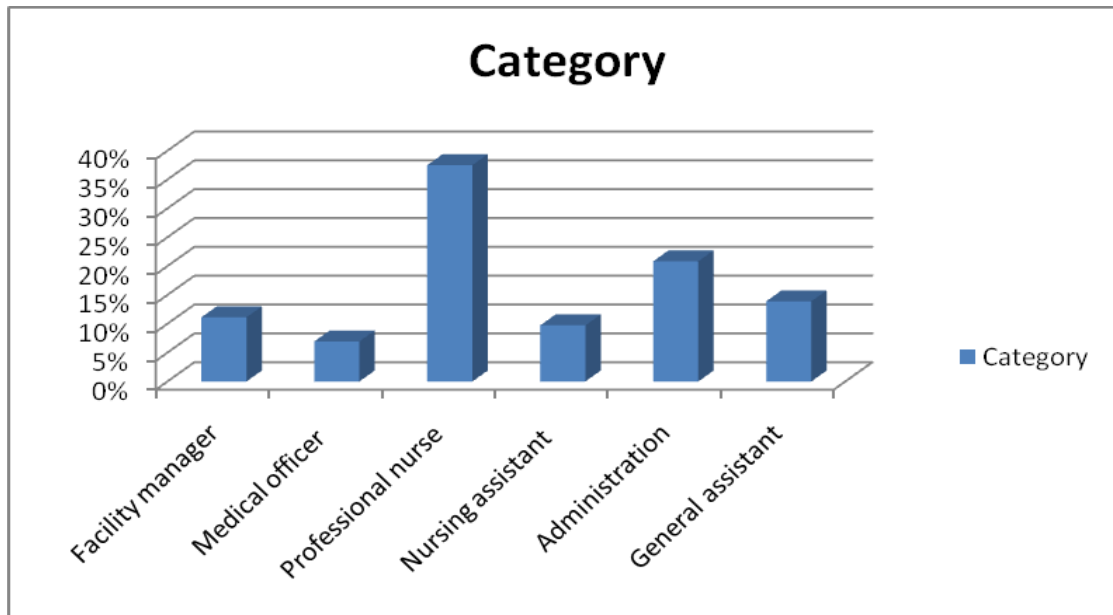


Figure 4; Employment category

The employment level of the respondents is illustrated in figure 5 below. This aspect was important for the study so as to see across the organisation spectrum the level of understanding of absenteeism management and service delivery implementation. The employment level is directly linked to the category above which when combined are indicative of the employment responsibility in relation to the absenteeism management aspect of the study.

Table 7; Employment level

Category	Frequency table: A3 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Level 2-3	9	9	12.32877	12.3288
Level 4-6	17	26	23.28767	35.6164
Level 7-8	27	53	36.98630	72.6027
Level 9-12	17	70	23.28767	95.8904
Level 13 and above	3	73	4.10959	100.0000

As reflected in the raw data above, level 13 and above indicates Senior Management, while 2-6 were the lowest levels. 27% of the respondents occupy levels 7-8 which are the supervisors in the facilities and 17 % of the respondents occupy levels 9-12 and these are the middle management cadre in the department. The middle management cadre consists of the facility service delivery stream managers such as Head Nursing, Head Administration and Medical Superintendents.

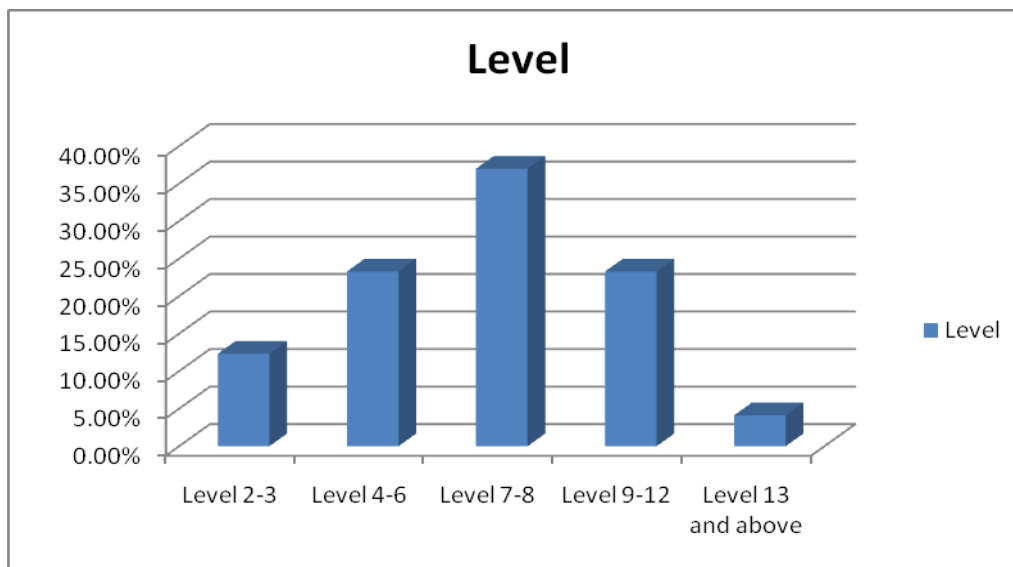


Figure 5; Employment level

Understanding the age group of the respondents was vital so as to determine the level of maturity of respondents in relation to the key aspects of the study and professionalism attached to the responsibility. For the purpose of this study maturity was measured and reflected in age groups. The distribution of the ages is illustrated in figure 6 below and it indicates a majority of 49% mature employees with age ranging from 36 – 56 years and older whose contribution can be valuable for the study.

Table 8; Age group

Category	Frequency table: A4 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
25 years and younger	3	3	4.16667	4.1667
26-35 years	20	23	27.77778	31.9444
36-55 years	43	66	59.72222	91.6667
56 years and older	6	72	8.33333	100.0000

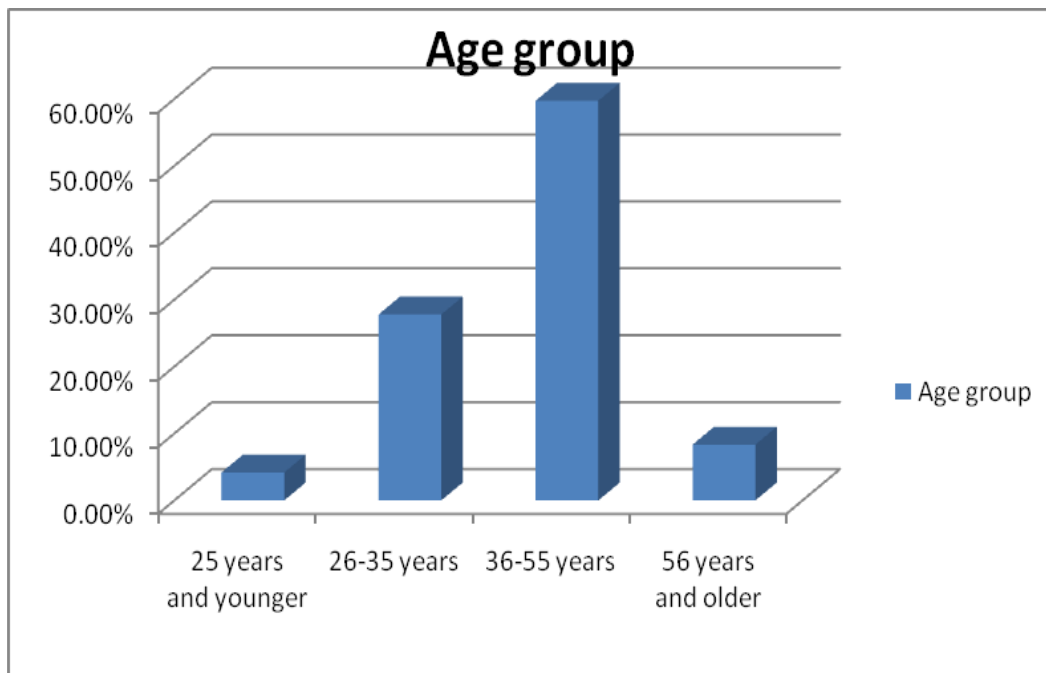


Figure 6; Employee age distribution

4.3.2 Findings on Absenteeism in the Eastern Cape Nelson Mandela Bay Health District

These findings are based on section C of the questionnaire which dealt with absenteeism management. This section had probing questions on unauthorised absenteeism such as, are disciplinary procedures effectively implemented to curb absenteeism, could fatigue contribute to absenteeism? Is unauthorised leave a

problematic area in the organisation and more. The responses to these questions are analysed and presented hereunder.

In an attempt to understand whether absenteeism is an acceptable behaviour in the organisation, the findings reflected that 12 of respondents which constitutes 16.4% agreed to this notion and 5 respondents strongly agreed on the matter of absenteeism being a normal and acceptable behaviour. This is a meaningful indication that the behaviour exists, however, it was a statement that could not be easily agreed upon as it could reflect negatively on management and leadership styles. It must be noted that 64% of the respondents disagreed and strongly disagreed that absenteeism was acceptable. This is illustrated in figure 7 below.

Table 9; Absenteeism an acceptable behaviour

Category	Frequency table: C1 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	5	5	6.84932	6.8493
Agree	12	17	16.43836	23.2877
Not certain	9	26	12.32877	35.6164
Disagree	29	55	39.72603	75.3425
Strongly disagree	18	73	24.65753	100.0000



Figure 7; Absenteeism an acceptable behaviour

The issue of leave forms completed prior to taking leave revealed strong opposing views which could be related to managerial styles of a facility. A cumulative 41% of those who agreed and those who strongly agrees indicated that leave forms were filled prior to going on leave, while a cumulative of 45% indicated that the filling of forms prior to taking leave was not done, this an area of improvement to those managers whom are challenged in this area. This is illustrated in figure 8 below.

Table 10; Completion of leave forms

Category	Frequency table: C5 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	10	10	13.88889	13.8889
Agree	20	30	27.77778	41.6667
Not certain	9	39	12.50000	54.1667
Disagree	20	59	27.77778	81.9444
Strongly disagree	13	72	18.05556	100.0000

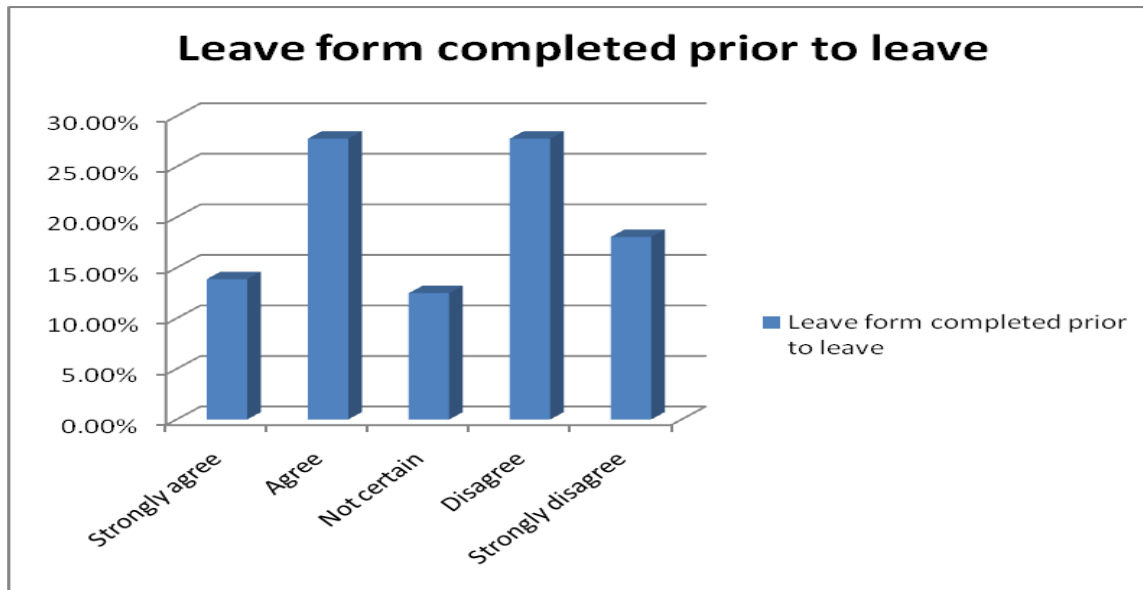


Figure 8; Completion of leave forms

With regards to the maintenance of leave registers by supervisors, 39% of the respondents agreed that leave registers are not maintained by supervisors while 45% disagreed with this notion. This might be attributed to the managerial style or the facilities that disagree that they are managing absenteeism well. Therefore, 39% of the respondents that agreed to the fact that the leave registers are not maintained reflect an area for concern while 45% indicated they did which is a good sign for absenteeism management. Figure 9 below illustrates this point.

Table 11; Non- maintenance of leave registers

Category	Frequency table: C5 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	10	10	13.88889	13.8889
Agree	20	30	27.77778	41.6667
Not certain	9	39	12.50000	54.1667
Disagree	20	59	27.77778	81.9444
Strongly disagree	13	72	18.05556	100.0000

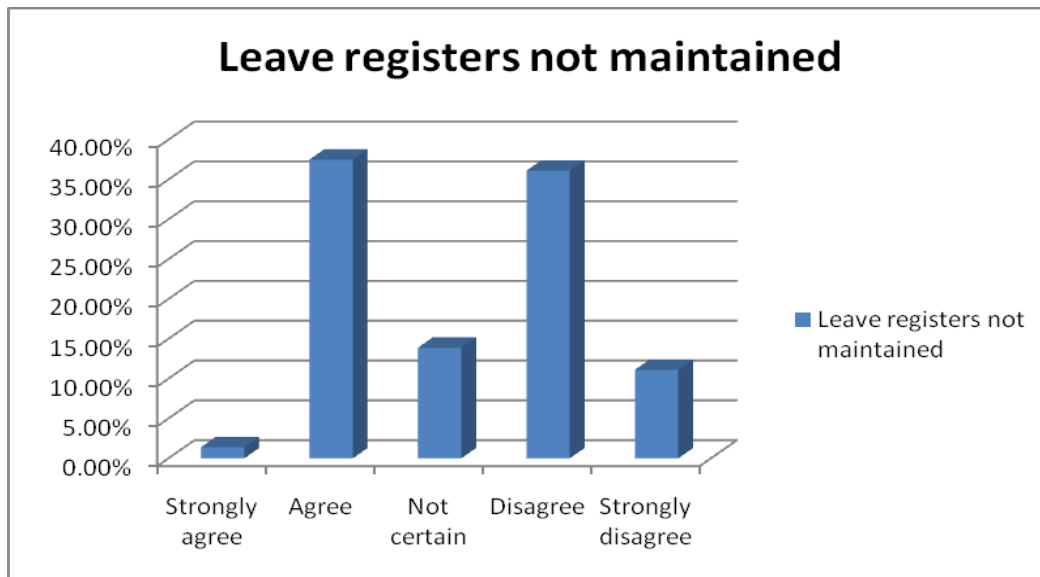


Figure 9; Non - maintenance of leave registers

It was reflected in the responses that absenteeism by employees is habitual because 47% of the respondents agreed with this statement which could be associated with the adage '*Familiarity breeds contempt*', this is an alarming situation as incorrect habits contaminate easily. The 39% respondents that disagreed was few considering the 15% that were not certain. Figure 10 below reflects this behavior.

Table 12; Habitual absenteeism

Category	Frequency table: C3 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	2	2	2.73973	2.7397
Agree	32	34	43.83562	46.5753
Not certain	11	45	15.06849	61.6438
Disagree	23	68	31.50685	93.1507
Strongly disagree	5	73	6.84932	100.0000

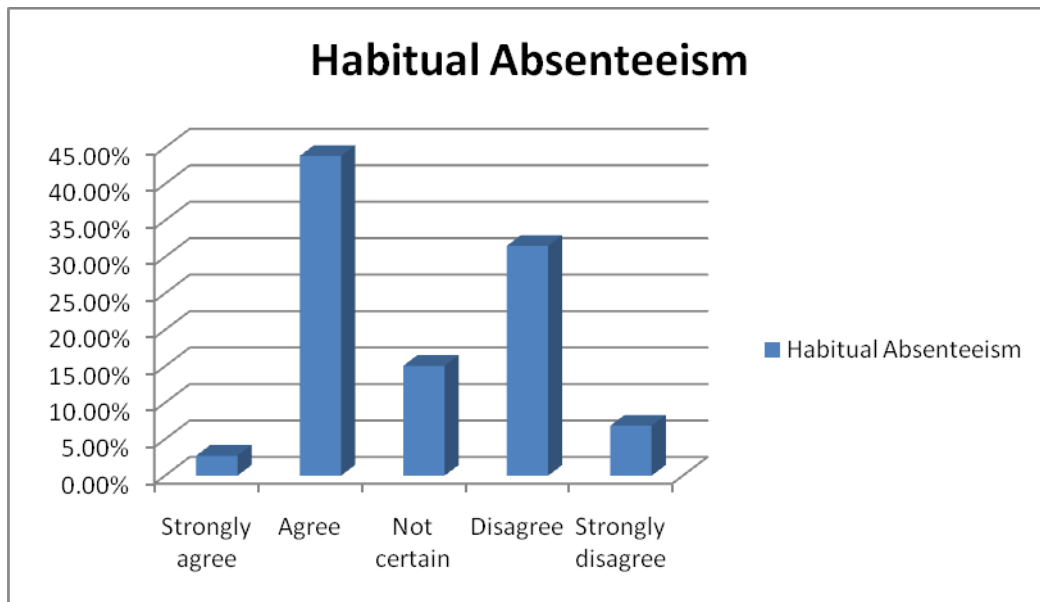


Figure 10; Habitual absenteeism

The motion that there is no discipline that is effectively effected to manage absenteeism was confirmed by 52% of respondents while there were 46% respondents who disagreed. This is illustrated by figure 11 hereunder.

Table 13; Discipline not effected in absenteeism

Category	Frequency table: C4 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	6	6	8.21918	8.2192
Agree	32	38	43.83562	52.0548
Not certain	14	52	19.17808	71.2329
Disagree	18	70	24.65753	95.8904
Strongly disagree	3	73	4.10959	100.0000

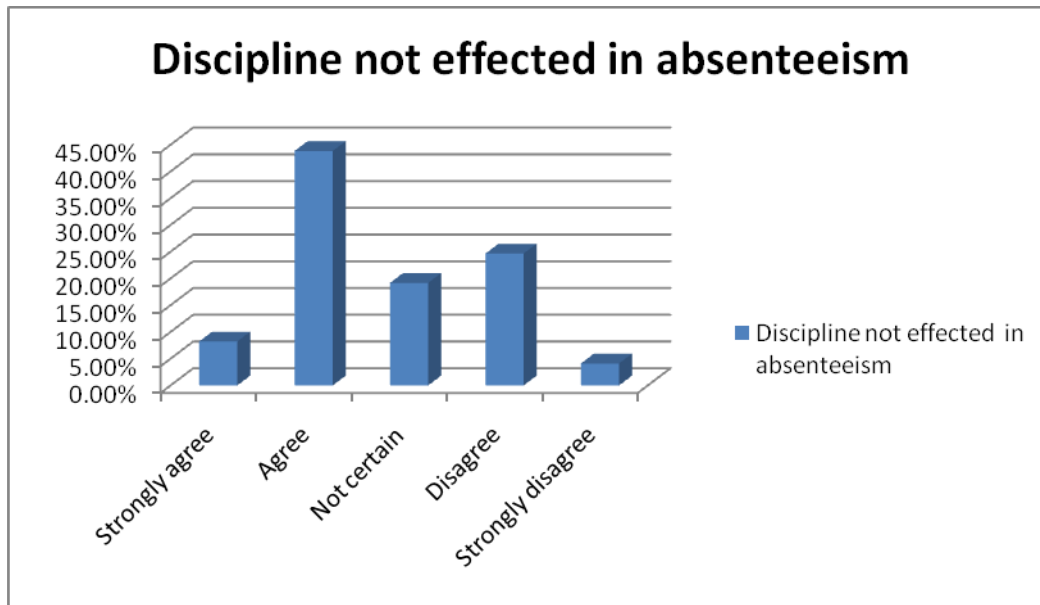


Figure 11; Discipline not effected in absenteeism

It was assumed that absenteeism is high mid week especially after mid week holidays. The respondents who agreed with this behaviour, combining those who strongly agreed and those who agreed, constituted 30% while 47% disagreed with this assumption. Because of the close range in responses neither of these responses was convincing to conclude that this behaviour was prominent or not, however, the 30% in agreement supports the assumption that absenteeism is an acceptable behaviour. Figure 12 below reveals the responses.

Table 14; Midweek absenteeism

Category	Frequency table: C6 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	4	4	5.47945	5.4795
Agree	18	22	24.65753	30.1370
Not certain	17	39	23.28767	53.4247
Disagree	31	70	42.46575	95.8904
Strongly disagree	3	73	4.10959	100.0000

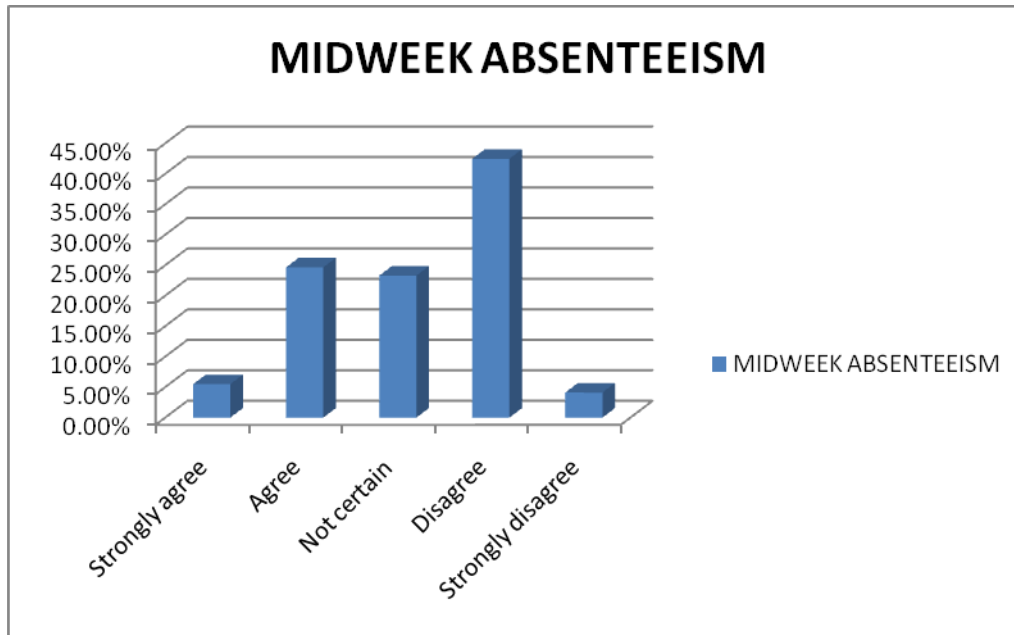


Figure 12; Midweek absenteeism

Figure 13 hereunder demonstrates that poor management of leave can lead to absenteeism, with 70% of respondents agreeing to this assumption, it is confirmation that this management aspect is really important because this poor management discourages incumbents that are on duty. When there are no corrective measures for absenteeism, absenteeism can easily be practiced and may be an unofficial culture which may cost immensely to correct.

Table 15; Poor leave management

Category	Frequency table: C7 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	14	14	19.17808	19.1781
Agree	37	51	50.68493	69.8630
Not certain	8	59	10.95890	80.8219
Disagree	12	71	16.43836	97.2603
Strongly disagree	2	73	2.73973	100.0000

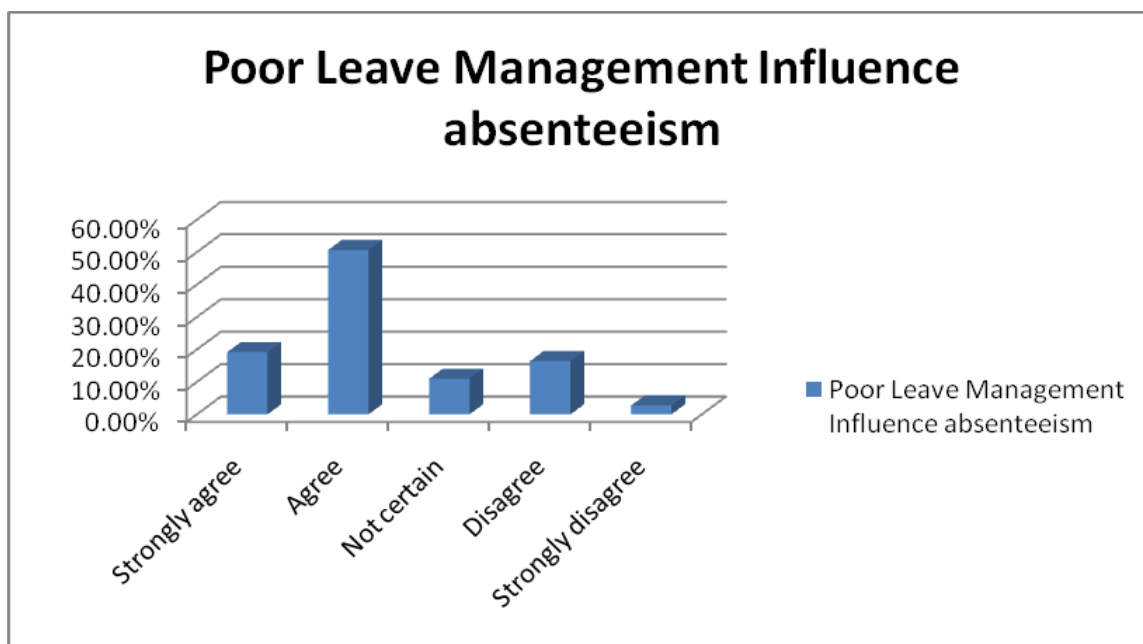


Figure 13; Poor leave management

Figure 14 below indicates that even though 35% agreed that absenteeism does not form part of performance management, there was strong uncertainty of it either being part or not of performance management. This aspect is important as absenteeism is assumed to affect service delivery negatively thus hampering performance management which is inclusive of key result areas, targets and time frames. Therefore

when an employee is absent from work there is something that is not happening – an area of function with targets and timeframes is suffering and not achieved.

Table 16; Absenteeism and performance management

Category	Frequency table: C8 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	2	2	2.73973	2.7397
Agree	26	28	35.61644	38.3562
Not certain	24	52	32.87671	71.2329
Disagree	18	70	24.65753	95.8904
Strongly disagree	3	73	4.10959	100.0000

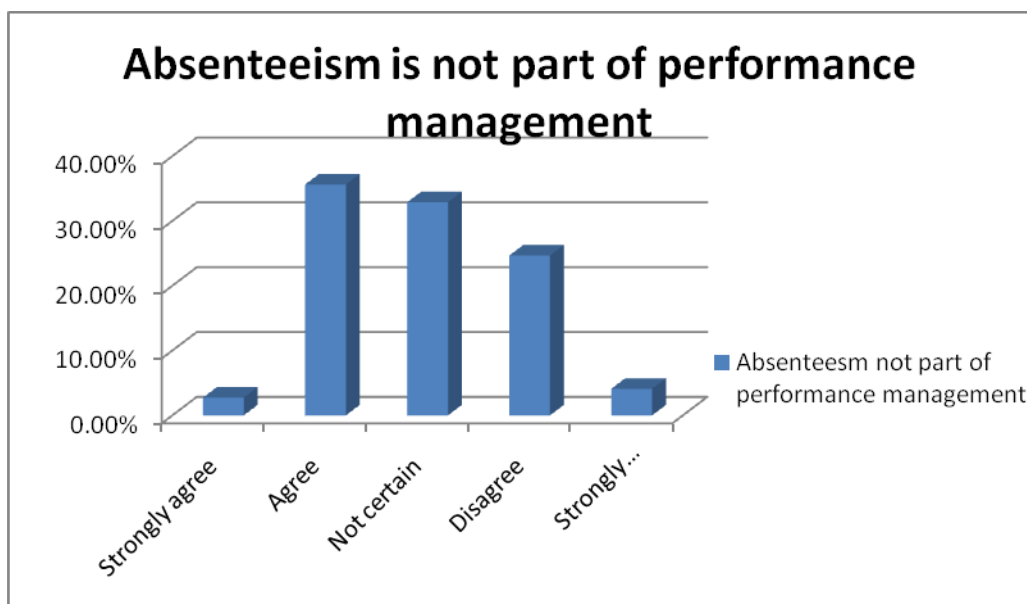


Figure 14; Absenteeism and Performance Management

Fatigue, due to high demand for services is a contributing factor to absenteeism and this was agreed to by 67% of the respondents which is a combination of strongly agree and agree, figure 15 below shows this view.

Table 17; Fatigue causes absenteeism

Category	Frequency table: C9 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	11	11	15.06849	15.0685
Agree	38	49	52.05479	67.1233
Not certain	14	63	19.17808	86.3014
Disagree	10	73	13.69863	100.0000

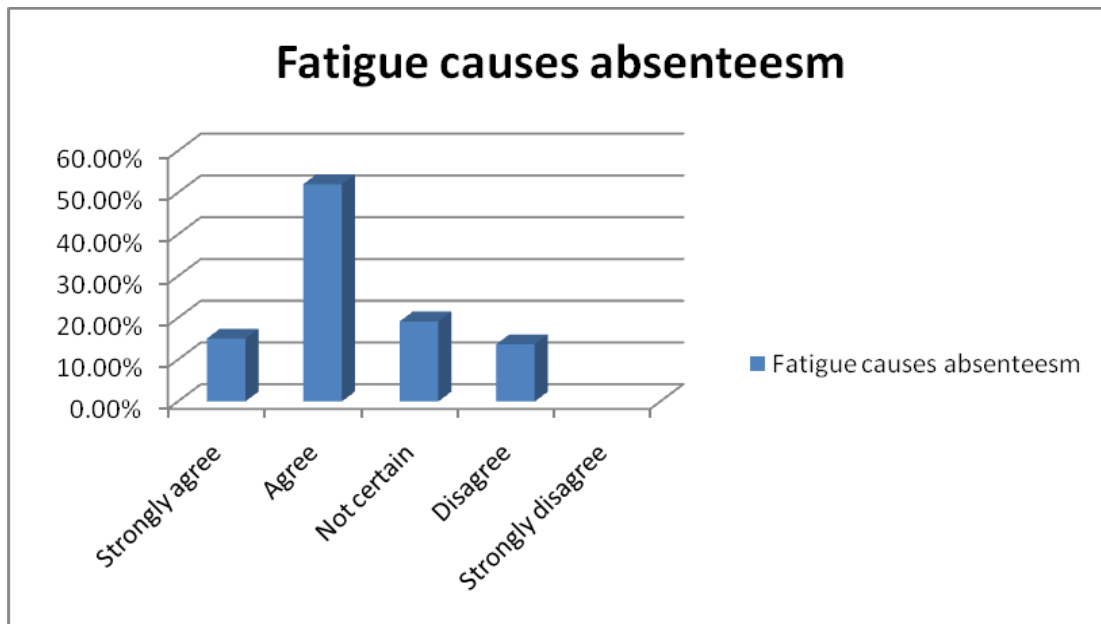


Figure 15; Fatigue and absenteeism

Inadequate attention rendered to clients can be attributed to absenteeism, as 40% of the respondents agreed because employees go AWOL this results in clients having frequent relapses of medical conditions. Even though 40% agreed on the effect absenteeism has on the attention given to clients, 34% disagreed to solely attribute this to absenteeism as they asserted that individual commitment and passion on the job itself as well as competing priorities influence employee behaviour. Figure 16 below illustrates this. The assumption is that clients are not afforded fair attention because few

personnel are on duty and have to attend to a large population at a given time; this makes it difficult therefore for health practitioners to give full attention and time to a particular client.

Table18; Patient care and absenteeism

Category	Frequency table: C10 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	4	4	5.55556	5.5556
Agree	29	33	40.27778	45.8333
Not certain	14	47	19.44444	65.2778
Disagree	25	72	34.72222	100.0000

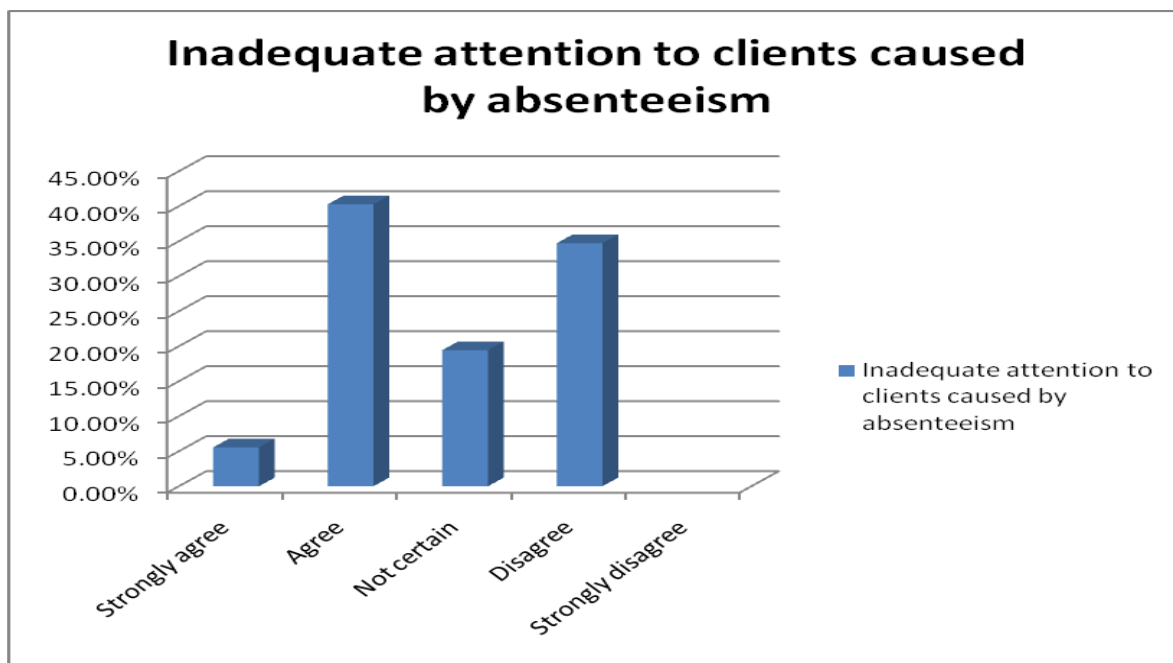


Figure 16; Patient care and absenteeism

4.3.3 The Effect of Absenteeism in Service Delivery

In an attempt to ascertain the effect absenteeism has on the Batho Pele principles, there was a strong indication that 82% of the respondents agreed that unauthorised absenteeism was undermining the implementation of the principles and this is illustrated in figure 17 below.

Table19; Unauthorised Absenteeism

Category	Frequency table: B1 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	33	33	45.83333	45.8333
Agree	30	63	41.66667	87.5000
Not certain	5	68	6.94444	94.4444
Disagree	3	71	4.16667	98.6111
Strongly disagree	1	72	1.38889	100.0000

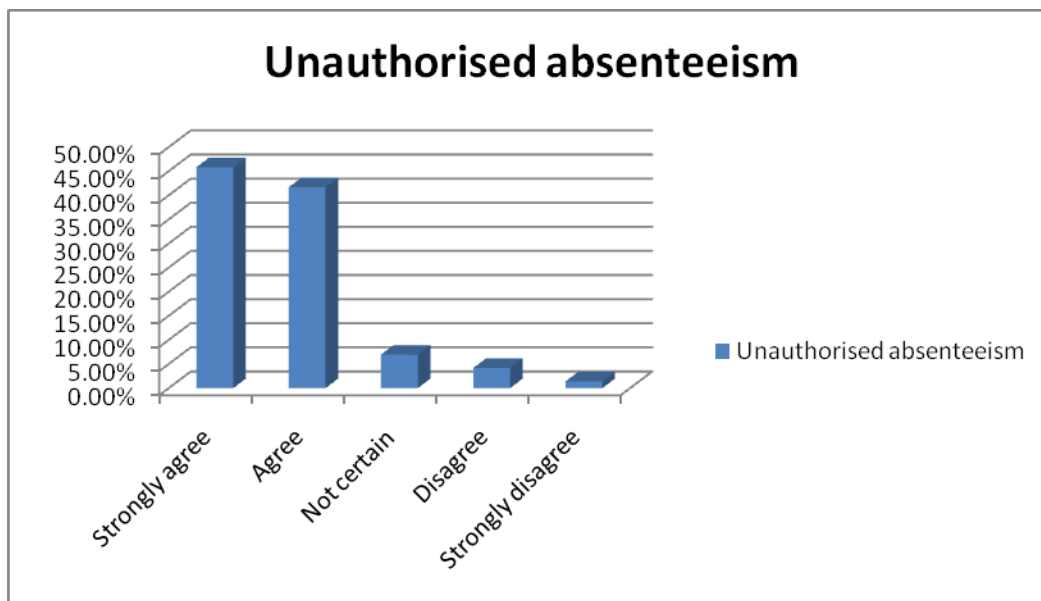


Figure 17; Unauthorised absenteeism

In figure 18 hereunder, 85% of the respondents agreed that when posters are displayed they create a sense of awareness, thereby encouraging the implementation of the Batho Pele principles.

Table 20; Batho Pele principle posters

Category	Frequency table: B2 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	20	20	28.57143	28.5714
Agree	40	60	57.14286	85.7143
Not certain	6	66	8.57143	94.2857
Disagree	4	70	5.71429	100.0000

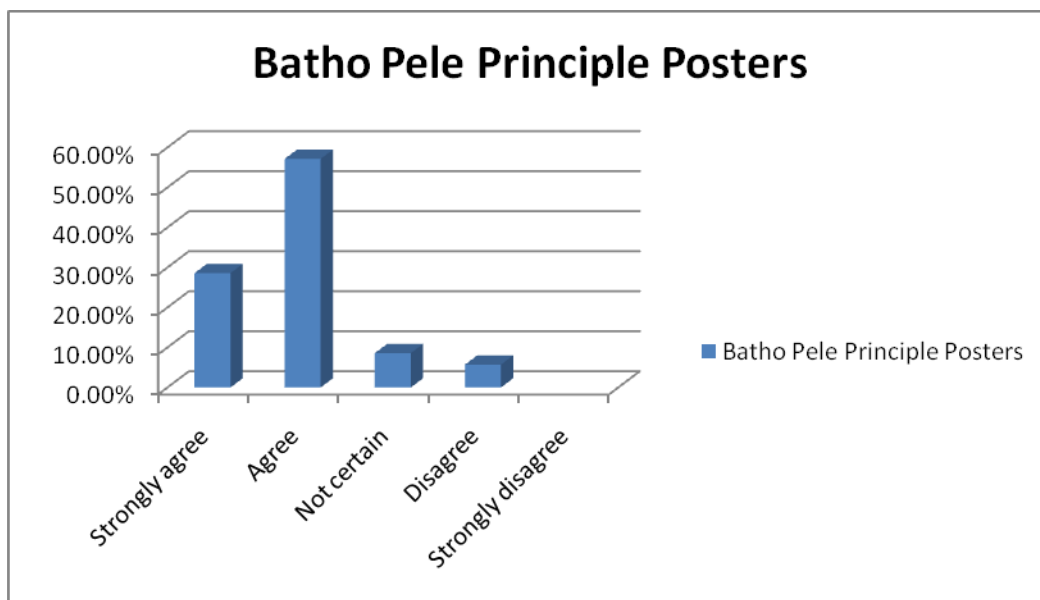


Figure 18; Batho Pele principle posters

Figure 19 hereunder illustrates that employees' lack of knowledge of the Batho Pele principles increases unauthorised absenteeism. A total of 58% of the respondents

agreed with this notion, which confirms the negative effect absenteeism has on the implementation of the Batho Pele principles.

Table 21; Lack of Knowledge on Batho Pele

Category	Frequency table: B3 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	5	5	7.14286	7.1429
Agree	36	41	51.42857	58.5714
Not certain	9	50	12.85714	71.4286
Disagree	15	65	21.42857	92.8571
Strongly disagree	5	70	7.14286	100.0000

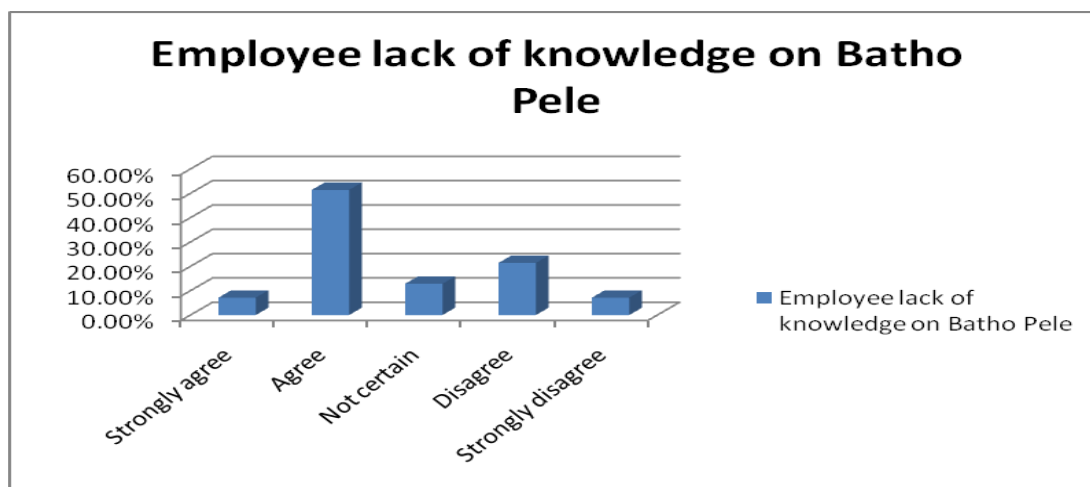


Figure 19; Lack of knowledge on Batho Pele

One of the assumptions was that absenteeism has a negative effect on Batho Pele. The results obtained from this assumption was the same as undermining of the principles, because 83% of the respondents agreed with it, which means that these participants affirm how absenteeism is negatively affecting the implementation of the Batho Pele principles, this is shown in figure 20 below.

Table 22; Absenteeism has a negative influence on Batho Pele principle

Category	Frequency table: B4 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	18	18	25.71429	25.7143
Agree	40	58	57.14286	82.8571
Not certain	6	64	8.57143	91.4286
Disagree	3	67	4.28571	95.7143
Strongly disagree	3	70	4.28571	100.0000

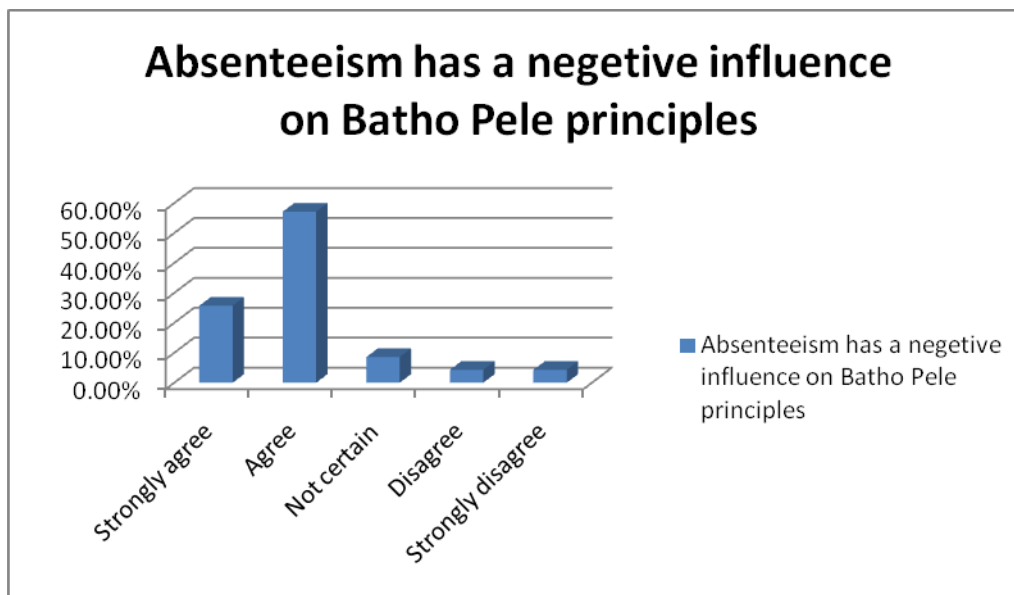


Figure 20; Absenteeism has a negative effect on Batho Pele principles

Figure 21 below illustrates that 88% of the respondents agreed that the Batho Pele principles should be incorporated in the daily activities, while 8% were not certain and 4% disagreed, which may mean that they are rejecting the principles or they do not see their influence on service delivery. The researcher finds it interesting that there are people who are not certain and those who are disagreeing with the notion of Batho Pele being incorporated in the employee daily activities while these principles are the

intangibles of how an employee performs his/her work in the spirit of 'ubuntu' as Maserumule(2007) puts it.

Table 23; Batho Pele a daily activity

Category	Frequency table: B5 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	31	31	43.05556	43.0556
Agree	32	63	44.44444	87.5000
Not certain	6	69	8.33333	95.8333
Disagree	3	72	4.16667	100.0000

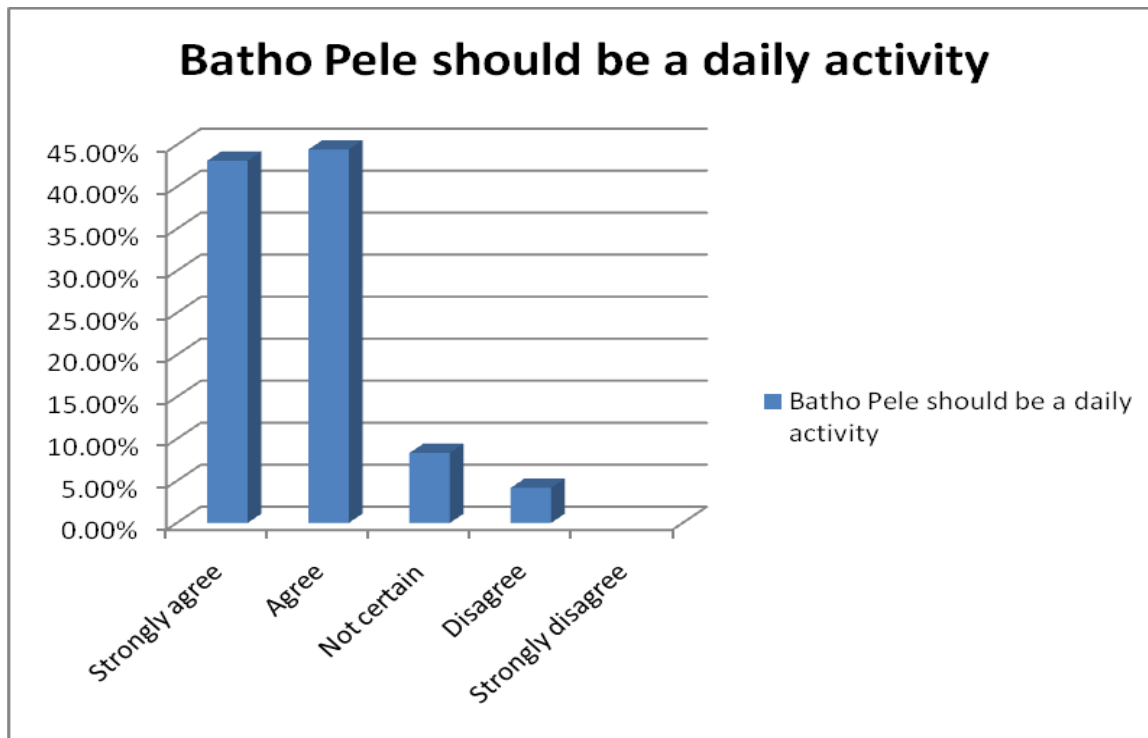


Figure 21; Batho Pele should be a daily activity

Figure 22 below indicates that 65% of the respondents agreed to the fact that the internalisation of the Batho Pele principles reduces absenteeism as the principles talk to the consciousness of the employee and motivates a service delivery enhancing behaviour. With more than sixty percent respondents agreeing to the advocacy of internalisation of Batho Pele principles the public service would be a service point of choice to the citizens. There is a 30% of respondents who are uncertain of the positive effect Batho Pele has on absenteeism, this is alarming but the reasons might to two pronged, either the respondents are new in the public service or if these respondents have been in the service for more than 10 years they are negative to the introduction of the Batho Pele principles.

Tables 24; Batho Pele reduces absenteeism

Category	Frequency table: B6 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	14	14	19.44444	19.4444
Agree	33	47	45.83333	65.2778
Not certain	22	69	30.55556	95.8333
Disagree	3	72	4.16667	100.0000

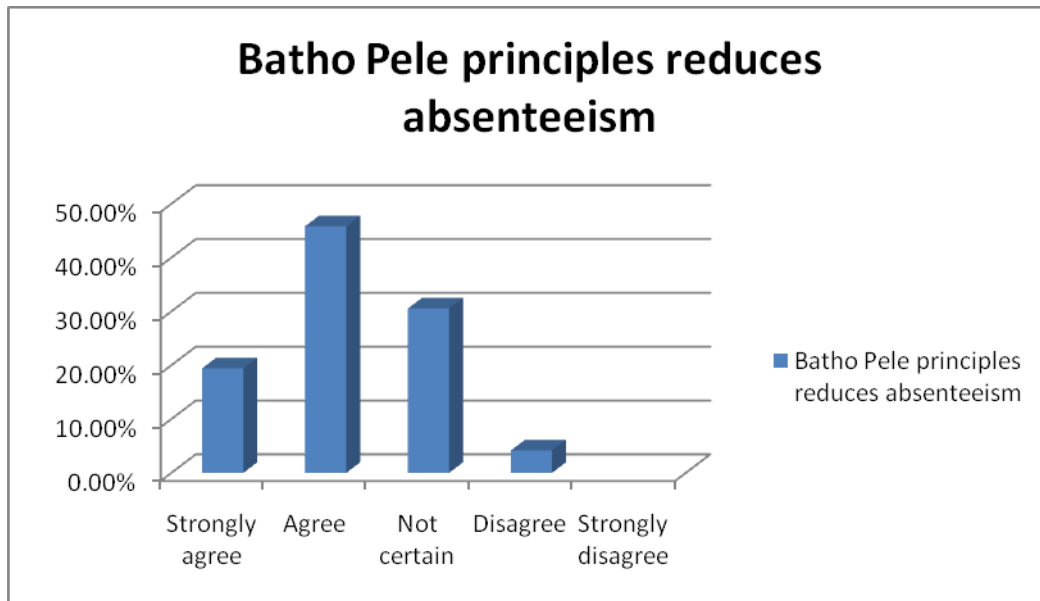


Figure 22; Batho Pele principles reduces absenteeism

The Patients Rights Charter promotes excessive client complaints, resulting in employee absenteeism as employees might be discouraged to carry out their tasks because of the fear of rejection from the patients, 46% of the respondents agreed with this statement. This information provides for possible reasons behind absenteeism as client demands' can be demotivating to the employees. Figure 23 below illustrates this point.

Table 25; Patient Right charter leads to absenteeism

Category	Frequency table: B7 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	2	2	2.81690	2.8169
Agree	31	33	43.66197	46.4789
Not certain	16	49	22.53521	69.0141
Disagree	19	68	26.76056	95.7746
Strongly disagree	3	71	4.22535	100.0000

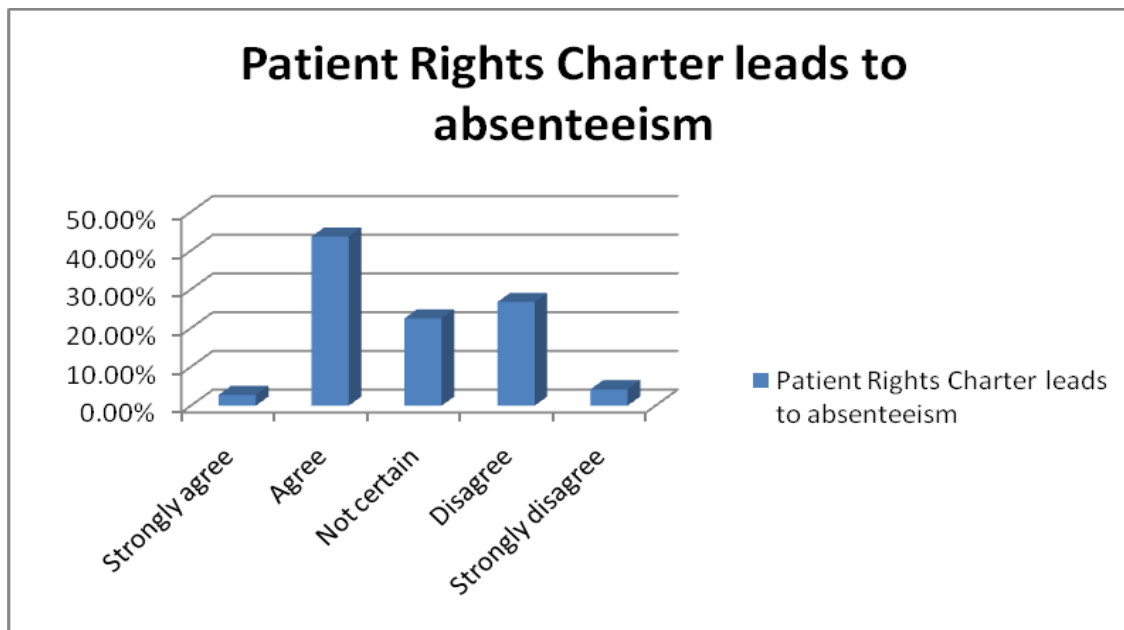


Figure 23; Patient Rights Charter leads to absenteeism

Service standards posters that are displayed in health facilities inform clients of services provided in the facility and 74% respondents agreed with this statement which could have a negative effect due to client demands for adherence of set standards while there may be no efficient enabling conditions to adhere to set turnaround times. Figure 24 below illustrates this point.

Table 26; Service standards charter inform clients

Category	Frequency table: B8 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	6	6	8.33333	8.3333
Agree	47	53	65.27778	73.6111
Not certain	12	65	16.66667	90.2778
Disagree	7	72	9.72222	100.0000

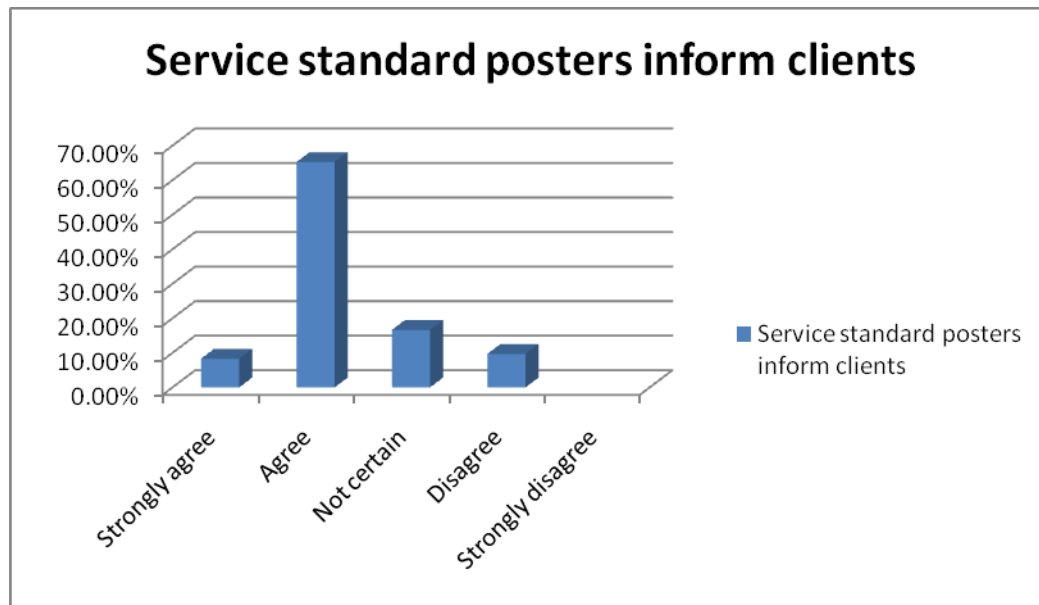


Figure 24; Service standards posters inform clients

The highly set service standards may not be achieved by the employees due to absenteeism. A total of 59% of the respondents agreed which implies that absenteeism affects service delivery programmes negatively as the employees on duty have to cover up work even for those who are absent. In the process work is done but not to the highly set standard of appreciation. There is a 23% of respondents who were not certain of whom they may not have applied their minds in this area or are among the group that is not positive towards the introduction and/or implementation of Batho Pele principles. This is illustrated in figure 25 below.

Table 27; Service standards are not realised due to absenteeism

Category	Frequency table: B9 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	8	8	11.26761	11.2676
Agree	34	42	47.88732	59.1549
Not certain	17	59	23.94366	83.0986
Disagree	11	70	15.49296	98.5915
Strongly disagree	1	71	1.40845	100.0000

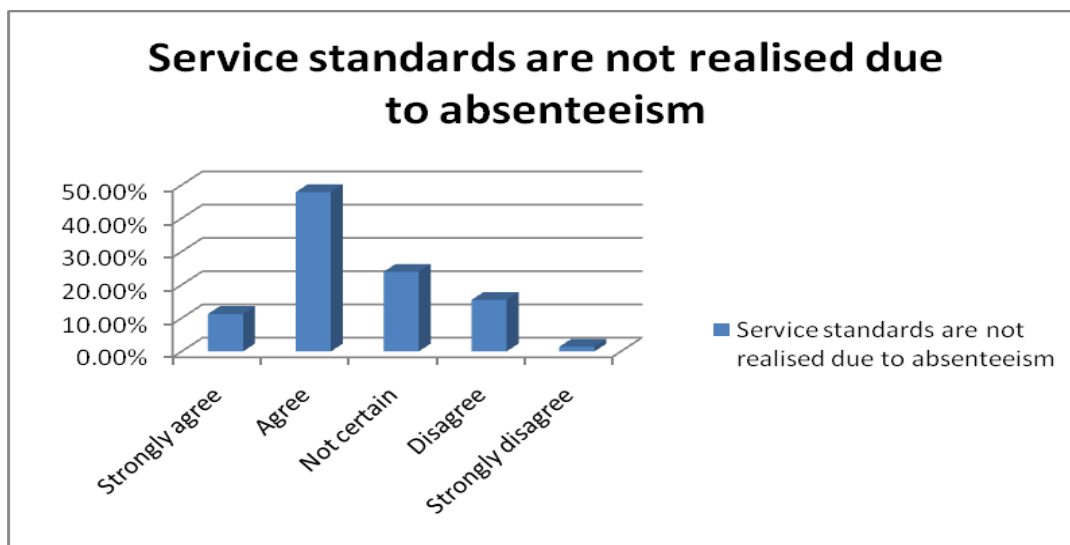


Figure 25; Service standards are not realised due to absenteeism

It was therefore concluded that absenteeism retards the purpose and subsequent implementation of the Batho Pele principles as 74% respondents agreed with this notion, the cumulative 11% of those who disagree and those who strongly disagree either do not use the public service for their social and primary needs or they may be rejecting the Batho Pele principles. The 11% responses is not an alarming factor as it is

expected that there will always be a group that is resistant to change. These responses are illustrated in figure 26 below.

Table 28; Absenteeism retards service delivery

Category	Frequency table: B10 (Data.sta)			
	Count	Cumulative Count	Percent	Cumulative Percent
Strongly agree	9	9	12.32877	12.3288
Agree	45	54	61.64384	73.9726
Not certain	10	64	13.69863	87.6712
Disagree	8	72	10.95890	98.6301
Strongly disagree	1	73	1.36986	100.0000

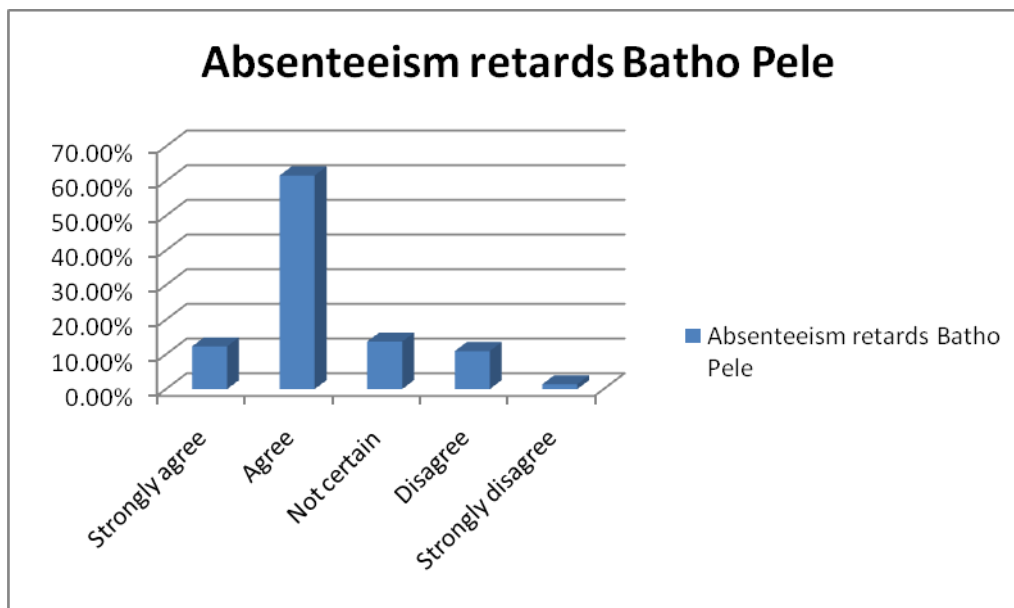


Figure 26; Absenteeism retards Batho Pele

4.4 CONCLUSION

The findings reflected that 73 respondents returned their questionnaires, 17 of which were males while 56 were females. This is not alarming as the health field is perceived to be for females. 96 % of the respondents were permanent employees and 4% contract employees. The dominant category was nurses, dominant age group was 35- 55, the dominant employment level was 7-8 and the highest length of employment group was 10 years in service and less.

It was affirmed by the respondents that absenteeism management is an important aspect as it effects negatively on service delivery with special reference to the implementation of Batho Pele principles. The bulk of the respondents strongly indicated that Batho Pele principles should be internalised as these principles positively influence employee behaviour. It could be deduced that there are various factors that could cause absenteeism and that there should be consequences for unauthorised absenteeism. Management should therefore be pro-active in dealing with absenteeism.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In this chapter, conclusions will be drawn and recommendations will be offered based on the findings of the study. This treatise dealt with the topic “An Assessment of the Effect of Absenteeism on Service Delivery in the Eastern Cape Department of Health: Nelson Mandela Bay Municipality District”

The problem statement that led to the researcher conducting this study can be summarised as the researchers’ opinion that the health department is perceived by the community to be offering a poor and negligent service. This can be seen, amongst others, as the consequence of high levels of staff shortages on account of high staff turnover, which could have led to high levels of fatigue experienced by the employees. The researcher further asserts that high absenteeism has a negative effect on the ethos and the implementation of Batho Pele and maintenance of a health care sector that seeks to be client oriented and enable client satisfaction.

The objectives of this study were to:

- Critically analyse the levels of absenteeism within the Department of Health;
- Establish the effect of absenteeism on service delivery in the Eastern Cape Health Department through empirical research;
- Establish the causes of absenteeism within the department by analysing and comparing the Persal reports for the financial years under review;

- Determine which strategies have been put in place to minimise absenteeism and its effect;
- Establish whether appropriate management of absenteeism will lead to improved service delivery; and
- Develop recommendations which address outcomes of the study.

5.2 CONCLUSIONS DRAWN FROM THE STUDY

The summary of the findings as per the analysis responded favourably to the research questions that the study sought to clarify. The researcher can, based on the findings, confirm that there is an inverse relationship between absenteeism and service delivery. It was also confirmed that the Batho Pele principles, when implemented should enhance employee attitude, bring back the values and philosophy of the Africans or 'ubuntu' as alluded to by Maserumule (2007) and link with service delivery requirements as well as client satisfaction. In the analysis a cumulative percentage of 41.1% respondents believed that fatigue, due to organisational environmental factors, negatively affects service delivery. It was therefore empirically proven that by inculcating the culture of Batho Pele and the implementation thereof of Batho Pele principles in health facilities, this can be a catalyst in improving the current status quo or perception of poor service delivery in the Eastern Cape Department of Health, as indicated by the researcher in the problem statement and motivation for this study.

Based on the findings of the study, it can also be concluded that the management of absenteeism is an important organisational aspect that needs to be considered and that the management personnel of any organisation needs 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 organisational culture which would cost immensely to reverse. Finally, it can be concluded that employees that do not present themselves at the workplace as scheduled, affect and retard service delivery with special reference to the implementation of the Batho Pele principles. Because of absenteeism, it was evident from the findings that quality patient care can be compromised.

The findings reflect Batho Pele principles as tools that can be utilised by ECDoH employees on daily activities to enhance a transparent and user-friendly service rendered to the community. From the findings of this study it was clear that, after about ten years and more of the introduction of Batho Pele principles, there are people who still lack knowledge of these principles. Hlazo (2008:133) alludes to the fact that there could be improvement of service delivery if there can be a retention strategy as staff turnover could be one of the causes of absenteeism and affect service delivery. He further elaborates on the fact that employee turnover is also an indicator of poor conditions of services. While these vital issues of retention strategy and poor conditions of service are contributory factors to employee turnover they are also contributory factors to absenteeism and thus effect negatively to the implementation of service delivery. Pakade (2008:71) argues a point that service delivery in municipalities is done as per what councilors think is needed by their communities instead of them listening to the people's needs. This aspect is directly linked to consultation, openness and transparency, to mention but a few Batho Pele principles. This argument strengthens the conclusion that the effectiveness of service delivery rests with incorporating the Batho Pele principles in the employees' daily activities.

5.3 GENERAL RECOMMENDATIONS

The following recommendations are based on the analysis of the problem statement and findings. The proposed recommendations are that:

- Transformation and commitment of the department must be driven from top management to inculcate a Batho Pele culture so as to minimise the notion of limiting Batho Pele implementation to front line personnel;
- Batho Pele ethos should be strengthened at health facilities especially at the primary health care to create a culture especially for those who have recently joined the public service and may not be aware of the importance of implementing Batho Pele;
- The daily practice and implementation of Batho Pele principles in the public service by employees is a strategy that needs to be engaged in as its effect can be beneficial to improved service delivery;
- Absenteeism management should be considered as a policy in departments and government sector in general as one of the management tools to improve service delivery programmes;
- Attendance registers need to be monitored on a continuous basis for reconciliation purposes especially for leave forms that are not submitted;
- Managers must be required, as a performance measure, to conduct these absenteeism management monitoring systems to improve service delivery, especially with the implementation of Batho Pele;
- Disciplinary procedures must be effectively implemented to curb the habitual behaviour of absenteeism and leave taking should follow the procedure of filing leave forms submitted to Human Resources prior to taking leave. This will also contribute to the improvement of organisational performance;

5.4 CONCLUSIONS AND RECOMMENDATIONS ON ABSENTEEISM MANAGEMENT

ABSA Management Solutions (2010) believes that absenteeism is a challenge faced by every employer in South Africa. In an economy where an ever-increasing burden of disease is placing excessive pressure on our human resources, a more proactive approach is required in dealing with absenteeism. A superlative absenteeism management solution begins with measuring and quantifying the absences objectively and consistently. The results are considered to be the barometer of wellness within an organisation and form the foundation of a wellness strategy.

It is recommended that absenteeism management be considered within the four (4) essentials as listed below:

- Keep accurate records of absenteeism from work to identify the size and cost of your absenteeism problem. The attendance registers can be used for this purpose.
- Keep accurate records of duration and trends of absenteeism to ascertain which days or periods are popular for absenteeism within the organisation.
- It would be useful to introduce a Return to Work Interview Form for the immediate supervisor to complete each time employees' return from absenteeism seasons, this may assist in analysis of trends and futuristic planning. This is a 'visible' form of managing the problem.
- If an absenteeism management policy is adopted it could stipulate that employees should report within an hour of absence and make it clear they must be able to provide a satisfactory explanation if they fail to make the report themselves. Insist your employee repeats this procedure for each day of absence to ensure consistency.

The BNET editorial (2010) suggests that for the reduction and management of workplace absenteeism, the organisation must develop a workplace absenteeism management policy that balances concern for cost with that of people and consideration of corporate and human values. This editorial further suggests that, successful approaches to minimising absenteeism emphasis' care are positive thinking and shared responsibility. Success factors of managing absenteeism include but are limited to acting promptly once a pattern is noticed and not to wait for complications to arise. Start with positive researched advice and be thorough in data collection or fact finding.

5.5 CONCLUSIONS AND RECOMMENDATIONS ON SERVICE DELIVERY MANAGEMENT

In the Service Delivery Review (SDR) (2009), Veronica Motabane shared her thoughts and that of her editorial team and stated that the delivery of services is the primary function of any public service. Therefore, all reform strategies within the South African Public Service are aimed at improving the delivery of services to all South Africans. She further states that President Jacob Zuma affirmed those thought when he announced his new administrative team on 10 May 2009, saying "We wanted a structure that would enable us to achieve visible and socio-economic development within the next five years." Jane Matsomela, a Portfolio Committee member of the Public Service Administration (in the Service Deliver Review 2009:7 -11) further states that this need was for a structure that would facilitate effective implementation of government policies, a structure that would deliver on the mandate of the Executive, a structure that would make all citizens feel like real South Africans sharing in our country's growing prosperity. The reality, to some extent, is a picture of corruption; unsatisfactory performance and productivity; a need for managers in the civil service to inculcate 'ubuntu' and embrace the principles of *Batho Pele*; lack of support of senior leadership, both political and administrative, in areas of development, planning and implementation. *Batho Pele* must be mainstreamed and institutionalised. There is, therefore, a definite

sense that the principles of *Batho Pele* must be reaffirmed as stated by the former Premier of the Eastern Cape, Mr Mbulelo Sogoni (in the Service Delivery Review 2009:5-6) that every person who works in the Public Service should not only understand and uphold the eight *Batho Pele* principles of consultation; service standards; access; courtesy; information; openness and transparency; redress and value for money, but, most importantly, should know how each principle can be applied in the theatre of implementation.

Jardine of SANGOCO, gives a civil society perspective on the implementation of Batho Pele (in the Service Delivery Review 2008:14), and states that our best is not good enough, so here are some practical considerations based on the most simplest of values and which are practiced unquestionably in the animal kingdom. He believes that utilising them will go a long way towards building public confidence in our institutions. He alludes to simple things such as smiling can be very disarming, Jardine states that public servants can also go the extra mile because taxpayers are paying for it, he encourages the need to empathise as public servants because it can be very engaging. He highlights the need to be sincere as people will understand and work together to do much more with less. He further alludes to the need to listen as listening can be socially motivating in itself. Jardine continues to suggest that if community members and municipalities continued to keep their public places and spaces clean and colourful, people would forget about the long wait and might come back. Lastly, he calls on public servants to humble themselves, in fact, when in this humble attitude people will find a way to help, thus exercising and experiencing their socio-economic rights effortlessly and practically. He concludes his perspective by emphatically stating that Batho Pele is not a poster.

Maseko of the Department of Agriculture and Land Administration in Mpumalanga Province (in the Service Delivery Review 2008:15), gives a public servants' perspective on the implementation of the Batho Pele principles. He states that it is no anomaly that most public servants from a general assistant upwards in terms of designation do not

want to implement the principles of Batho Pele merely because they do not suit their style and mode of operating. That should not be the case, he therefore recommends that the policies need to be implemented and it is incumbent upon all public servants, irrespective of position, to know and understand the prescripts that guide the public service on a day-to-day basis. In his deliberations he calls on the Human Resource Development division in all departments to empower the staff members with such knowledge. He continues to argue that the biggest question is why they should worry themselves about training personnel on the Code of Conduct in the Public Service while the public servants do not understand what they are really expected to do. In conclusion, he advocates that the significance of what people do is determined by how they do it, therefore public servants irrespective of position, race and gender are afforded an opportunity to serve the community, therefore they should do it with passion and implement the Batho Pele principles as they are a guide to doing work well.

5.6 DISSEMINATION OF RESULTS

The aim of making these recommendations is to provide possible ways of proactively addressing absenteeism management in the workplace so that it does not have a negative effect on the organisation. As this study was conducted within the Eastern Cape Department of Health, it could benefit the department to consider them so as to improve the perception that the community is having towards services rendered in health facilities. This document will also be placed in libraries for the benefit of other organisations that will be faced with similar challenges of absenteeism that have a negative effect on the implementation of service delivery programmes.

In conclusion, the Batho Pele Policy Review (2003:11,12) reveals results of a study conducted by means of interviews of Health and Social Development employees and, critical to this study, respondents cited the prolonged time in filling of posts which increases pressure on the remaining incumbents. This study also revealed that, generally, factors that prohibit the implementation of Batho Pele principles are the lack of resources, lack of communication and heavy workload. These results were vital to understanding that the Batho Pele principles cannot be implemented when there is absenteeism or lack of management thereof, a high vacancy rate and heavy workload which constitutes unfavourable working environment factors.

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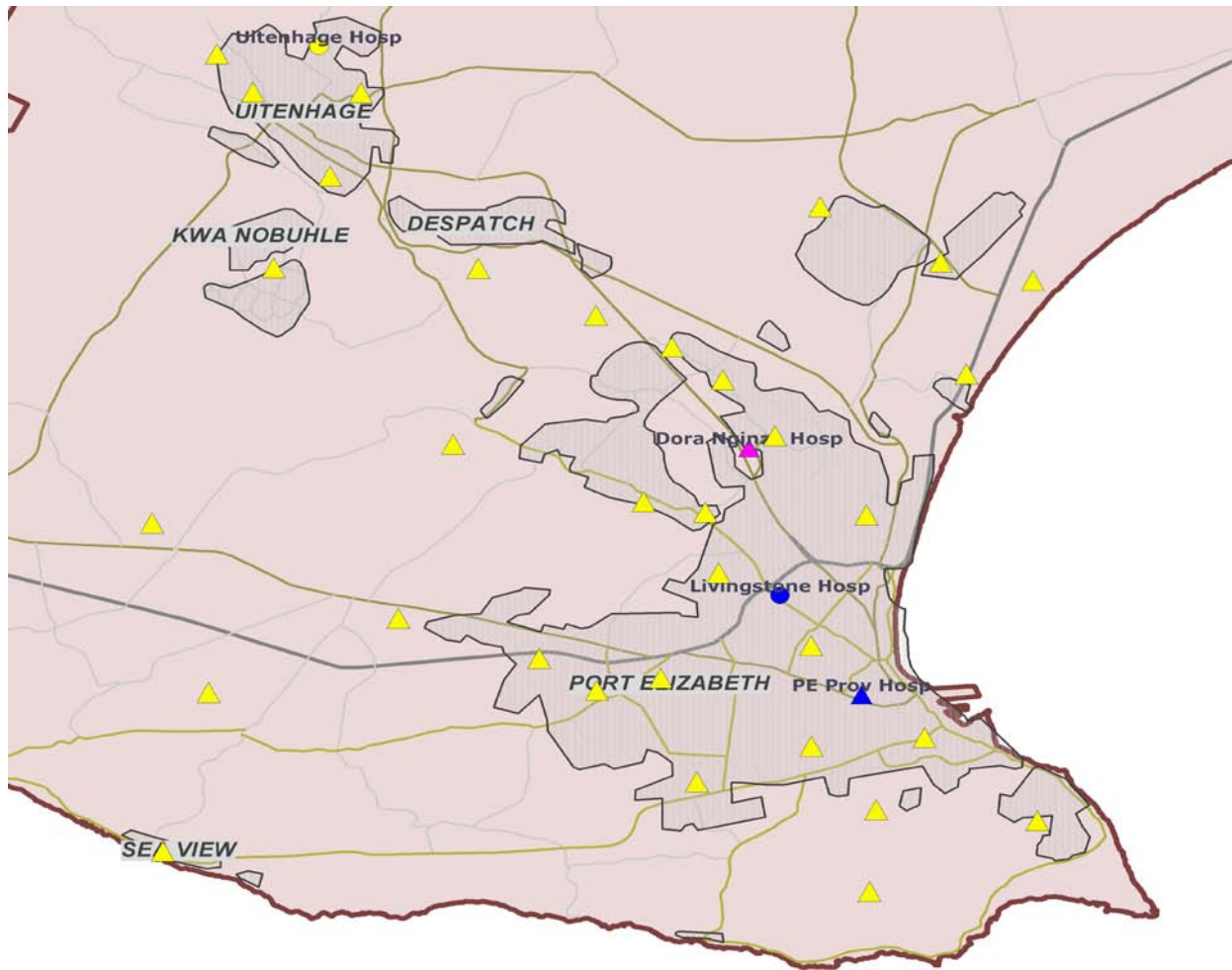
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ANNEXURE A

NELSON MANDELA BAY MAP

ECDOH MAP FOR THE NELSON MANDELA METROPOLITAN DISTRICT REFLECTING HEALTH FACILITIES IN THE DISTRICT, 2008



ANNEXURE B

REQUISITION TO DISTRIBUTE QUESTIONNAIRES

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22 October 2008

**THE SUPERINTENDENT GENERAL
DEPARTMENT OF HEALTH
P/BAG X 0038
BHISHO
5600**

Dear Mr Boya

REQUEST TO DISTRIBUTE QUESTIONNAIRE

I Mwanda P.U.J am in the employ of the Department of Health and attached at the Office of the Superintendent General. I am currently registered for the degree Master in Public Administration (MPA) in the Department of Governmental and Political Studies with the Nelson Mandela Metropolitan University.

As a requirement towards completion of the degree I am to conduct a mini-research project. The research is titled **"An assessment of the effect of absenteeism on service delivery in the Eastern Cape Department of Health: Nelson Mandela Bay Municipality District."** For the study to be representative of the Nelson Mandela Bay Health District, 12 of the 66 facilities have been sampled and 80 participants are expected to participate. These participants being the facility managers and heads of each category represented in the particular facility as well as employees with a high absenteeism rate. Documents such as the attendance register, leave register and patient register for each facility will be needed to verify the obtained information and hence the request to this regard.

The Superintendent General for Health is kindly requested to grant approval for Mrs Mwanda to conduct the study in department. This study is purely for academic purposes and participation is voluntary, participants may withdraw at any point should they so desire. All ethical principles will be highly adhered to; the results of the research study may be presented at scientific conferences or in specialist publications. Should the department be interested in the document and its findings and recommendations, it is welcome to access the document.

Yours sincerely

**Mwanda P.U.J
RESEARCHER**

cc: The Departmental Research Unit

ANNEXURE C

REQUISITION TO ACCESS INFORMATION

**Faculty of Arts
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22 October 2008

**THE SUPERINTENDENT GENERAL
DEPARTMENT OF HEALTH
P/BAG X 0038
BHISHO
5600**

Dear Mr Boya

REQUEST FOR ACCESS TO INFORMATION

I Mwanda P.U.J am in the employ of the Department of Health and attached at the Office of the Superintendent General. I am currently registered for the degree Master in Public Administration (MPA) in the Department of Governmental and Political Studies with the Nelson Mandela Metropolitan University.

As a requirement towards completion of the degree I am to conduct a mini-research project. The research is titled **"An assessment of the effect of absenteeism on service delivery in the Eastern Cape Department of Health: Nelson Mandela Bay Municipality District."** I am awaiting approval by the Research Ethics Committee (Human) of the university prior to conducting it. This REC-H consists of a group of independent experts that has the responsibility to ensure that the rights and welfare of participants, in the research are protected and that studies are conducted in an ethical manner. Participation in research is completely voluntary. Queries with regard to the rights of a research subject can be directed to the Research Ethics Committee (Human) you can call the Director: Research Management at (041) 504-4536.

The Superintendent General for Health is kindly requested to grant approval for Mrs Mwanda to access the required information in department. This study is purely for academic purposes and participation is voluntary, participants may withdraw at any point should they so desire. All ethical principles will be highly adhered to; the results of the research study may be presented at scientific conferences or in specialist publications. Should the department be interested in the document and its findings and recommendations, it is welcome to access the document.

Yours sincerely

**Mwanda P.U.J
RESEARCHER**

cc: The Departmental Research Unit

ANNEXURE D

REQUEST TO PARTICIPANTS TO CONDUCT INTERVIEWS

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12 October 2009

TO WHOM IT MAY CONCERN

REQUEST TO PARTICIPANTS TO CONDUCT INTERVIEWS

I Mwanda P.U.J am currently registered for the degree Master in Public Administration (MPA) in the Department of Governmental and Political Studies with the Nelson Mandela Metropolitan University, with ethics clearance reference number - **H/09/ART/PGS-003**

As a requirement towards completion of the degree I am to conduct a mini-research project. The research is titled “**An assessment of the effect of absenteeism on service delivery in the Eastern Cape Department of Health: Nelson Mandela Bay Municipality District.**”

I humbly request your participation in this study as I will be interviewing you. I there are any questions that you feel offended to answer please feel free to indicate. As a participant should you want to withdraw please indicate as you may do so at any point of the interview

The questionnaire has three sections which comprise

1. Biographical information
2. Absenteeism and its influence on Batho Pele
3. Absenteeism management

Please not that this study is purely for academic. All ethical principles will be highly adhered to; the results of the research study may be presented at scientific conferences or in specialist publications.

Yours sincerely

Mwanda P.U.J
RESEARCHER

ANNEXURE E

QUESTIONNAIRE

QUESTIONNAIRE - Absenteeism in the Department of Health influences the implementation of the Batho Pele principles

Section A - Biographical Information

Please respond by placing an **X** in the appropriate box

1. In which health facility type are you attached?

a. Hospital	
b. Community health centre	
c. Clinic	

2. What position do you hold in the facility where you work?

a. Facility manager	
b. Medical officer	
c. Professional Nurse	
d. Nursing assistant	
e. Administration	
f. General assistant	

3. What level do you hold in the organization?

a. Level 2-3	
b. Level 4-6	
c. Level 7-8	
d. Level 9-12	
e. Level 13 and above	

4. In which age group do you fall in?

a. 25yrs and younger	
b. 26-35yrs	
c. 36-55yrs	
d. 56yrs and older	

5. Please indicate your gender?

a. Male	
b. Female	

6. What is your race group?

a. African	
b. White	
c. Coloured	

d. Other(specify)	
-------------------	--

7. Please indicate your appointment type?

a. Permanent appointment	
b. Contract appointment	

8. If on contract what is the duration of your contract?

a. Six months	
b. One year	
c. Three years	
d. Five years	

9. What is your length of employment?

a. 10 yrs or less	
b. 11-20yrs	
c. 21-30yrs	
d. 31 yrs or more	

Section B - Absenteeism and its influence on Batho Pele

This section is about the knowledge of basic service delivery in respect of the eight Batho Pele principles which are to be implemented in public service delivery institutions like health facilities.

On a scale of 1 – 5, please respond by placing an **X** in the appropriate box.

Strongly Agree: 1 Agree: 2 Not certain: 3 Disagree: 4.
Strongly disagree: 5

		Strongly Agree	Agree	Not Certain	Disagree	Strongly disagree
1.	Unauthorized absenteeism by employees in this facility undermines the implementation of the eight Batho Pele principles.	1	2	3	4	5
2.	The display of Batho Pele principle posters in this facility increases awareness hence the implementation of these principles	1	2	3	4	5
3.	Employees lack of knowledge on Batho Pele principles encourages	1	2	3	4	5

	absenteeism					
4.	Absenteeism has a negative influence on the implementation of Batho Pele principles in this facility	1	2	3	4	5
5.	The Batho Pele principles are about how employees should do their daily activities	1	2	3	4	5
6.	The internalization of Batho Pele principles by employees reduces absenteeism in this facility	1	2	3	4	5
7.	The awareness of the Patients Rights Charter promotes excessive client complaints which leads to low morale or unauthorized absenteeism among employees.	1	2	3	4	5
8.	The displayed service standards posters informs clients of turnaround times for services in this facility	1	2	3	4	5
9.	The highly set service standards may not be realized by employees due to unauthorized absenteeism	1	2	3	4	5
10.	Absenteeism retards the purpose and consequent implementation of the Batho Pele principles.	1	2	3	4	5

Section C - Absenteeism Management

On a scale of 1 – 5, please respond by placing an **X** in the appropriate box.

Strongly Agree: 1 Agree: 2 Not certain: 3 Disagree: 4
Strongly disagree: 5

		Strongly Agree	Agree	Not Certain	Disagree	Strongly disagree
1.	Unauthorized absenteeism in this facility is an acceptable behavior by management	1	2	3	4	5
2.	Leave registers are not effectively maintained by supervisors in this facility	1	2	3	4	5
3.	Unauthorized absenteeism by employees is a habitual behaviour in this facility	1	2	3	4	5
4.	Disciplinary procedures are not effectively implemented on	1	2	3	4	5

	employees to curb absenteeism in this facility					
5.	Leave forms are completed, approved and filed in leave files prior to employees going on leave	1	2	3	4	5
6.	High unauthorized absenteeism is experienced after mid week holidays in particular Wednesdays	1	2	3	4	5
7.	Poor management of leave which leads to absenteeism has a negative influence on the facility and organizational performance	1	2	3	4	5
8.	The management in this facility does not consider unauthorized absenteeism as part of individual performance management.	1	2	3	4	5
9.	Fatigue experienced by employees due to high demand for services may be a contributory factor to unauthorized absenteeism in this facility	1	2	3	4	5
10.	Inadequate attention rendered to clients is caused by absenteeism	1	2	3	4	5

END, THANK YOU FOR TIME AND PARTICIPATION

COMMENTS AND OBSERVATIONS

ANNEXURE F

ETHICS CLEARANCE

Ref: H/09/ART/PGS-003

3 July 2009

206662150
Ms PUJ Mwanda
66 Roberts Road
Club View
King Williams Town
5600

Dear Ms Mwanda

**AN ASSESSMENT OF THE EFFECT OF ABSENTEEISM ON SERVICE DELIVERY IN THE
EASTERN CAPE DEPARTMENT OF HEALTH: NELSON MANDELA BAY MUNICIPALITY
DISTRICT**

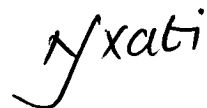
Your above-entitled application for ethics approval served at the RTI Higher Degrees sub-committee of the Faculty of Arts Research, Technology and Innovation Committee.

We take pleasure in informing you that the application was approved by the Committee.

The Ethics clearance reference number is **H/09/ART/PGS-003**, and is valid for three years, from 10 June 2009 -10 June 2011. Please inform the RTI-HDC, via your supervisor, if any changes (particularly in the methodology) occur during this time. An annual affirmation to the effect that the protocols in use are still those for which approval was granted, will be required from you. You will be reminded timeously of this responsibility.

We wish you well with the project.

Yours sincerely



Ms Jannet Nxati
FACULTY OFFICER

cc: Promoter/Supervisor
HoD
School Representative: Faculty RTI