

Relationship between Nurses' Absenteeism and Their Organizational Commitment at Menoufyia University Hospitals

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Abstract Absenteeism and organizational commitment in nursing are attitudes reflecting on productivity, quality of patient care, and the personal life of nursing staff. The aim of the current study was to determine the relationship between nurse's absenteeism and their organizational commitment at Menoufyia University Hospitals. Descriptive research design was used. The study was conducted in all units at Menoufyia University Hospitals. A simple random sample of staff nurses who were participated in the study, their total numbers were 200 staff nurses. Tools of data collection were Self-administered Questionnaire, Organizational Commitment Questionnaire, and Absenteeism Records. The study findings revealed that there was a highly significant difference between nurses' commitment and emergency leaves ($P < 0.001$), annual leaves ($P < 0.001$), and the total of absence days at $P < 0.001$, and a significant with sick leaves ($P = 0.03$). The current results illustrated that there was a significant difference between nurses' job commitment and health-related factors ($P = 0.01$) and the highly significant with rules of absenteeism ($P = 0.003$). The main causes of nurses' absenteeism were workplace factors (85.5%) and lack control of absenteeism (82.5%). In conclusion, the rate of nurses' absenteeism has the negative impact on their organizational commitment. The study recommends with planning and implementing strategies for nurses' absenteeism control including; encourage staff nurse's motivation to attend; reducing nurse's illness absence by providing free health promotions; developing employee's policy of an attendance to decrease the rate of absenteeism. In addition to improving the workplace for nurses through providing incentives, child care centers, and good opportunities for training.

Keywords: nurses, absenteeism, organizational commitment

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1. Introduction

The organizational behavior involves attitudes and actions of employees within organizations. Attitudes of interest in organizational behavior include organizational commitment and absenteeism. Organizational commitment means how committed or loyal employees feel to the goals of the organization, and, absenteeism refers to the rate of employee absences from the work. [1]

Absenteeism is non-attendance of an employee in the workplace. [2] A scheduled absence is approved to take time off for employees in accordance with organization's policies, including approved vacation and personal holidays. Unscheduled absence is a failure to report on a scheduled workday due to leaving early or tardiness without a written and approved time off request. Some examples of unscheduled absences such as caring for a family member who has an illness, and home emergency. [3] Absenteeism is a concern in hospitals because it decreases the care quality, disorganizes the work routine, and overburdens nurses that are present. [4]

Absenteeism among staff nurses leads to a reducing of the quality of patient care, an increased staff shortage in health care organization, increased workload, work-related stress, which adversely affects their morale and a lack of motivation among staff nurses. [5] It affects the working environment and the financial performance of a hospital. [6] Also, an absenteeism is a side effect of personnel problems, Ineffective management, poor working relationships, lack control over decisions and overwork are contributing factors. [7] Absenteeism has been an effect on the working condition of the staff nurses. In some cases, nurses may have to work shorthanded; they are expected to cover the unit despite their missing colleagues. Working shorthanded, especially for an expected period of time, can create both physical and mental strain. To perceive nature of employee absenteeism, it is important to differentiate between voluntary and involuntary absenteeism. The voluntary absence means an absenteeism that is under the employee's control, and, while, involuntary absence refers to an absenteeism that is not under the employee's control. [8]

Causes of absenteeism among nurses in hospitals including; Family problems, poor salaries, long working hours, lack communication with immediate supervisor,

transport problems, and poor working conditions. [9,10] The factors that could lead to absenteeism of nurses in the workplace include characteristics of the nurse, workplace, and organization. [11] Similar factors also influence the rate of absenteeism including; workload, working conditions, and, organizational changes; individual level factors such as marital status, age, and gender; management-specific reasons such policies, rules of absenteeism and leadership style used. [12] The following types of employee's absenteeism; a) Annual vacation is a period (21 days per year) of approved absence with pay from formal duties; b) Emergency leave in which all staff nurses are entitled to take up to ten days of unpaid time off work yearly; c) Sick leave in which nurses are absent due to illness/injury based on the report from specialized medical authority; d) Maternity leave in which female nurses are entitled to three months of paid maternity vacation for each up to three children. [13]

Absenteeism behavior affects organizational commitment. Absenteeism attitudes are more closely related to voluntary absence than they are to involuntary absence, commitment more influenced voluntary absenteeism than involuntary absenteeism. Until now, commitment is the most researchable concept and challenging in the fields of management and organizational behavior. Today, no organization can perform effectively unless each employee is committed to the organization's objectives. [14] Commitment refers to a psychological condition that belongs to the employee's relationship with their organization and has the impact on the decision to continue membership in the organization. [15] Organizational Commitment is an employee's desire to remain in an organization and belief in and acceptance of the goals and values of their organization. [16] Organizational commitment is considered to be one of the important outcomes of the human resource strategies. It is seen as the essential factor in achieving competence level of performance of employees inside their institution. [17] Organizational commitment has become an essential element in the understanding of staff nurses' organizational behavior in the workplace. It reflects the extent to which nurses is committed to organization's objectives and the work itself. [18] Organizational commitment refers to three-dimensions including; an affective commitment which reflects the emotional attachment to an organization when employees enjoy the membership; normative commitment reflects the feelings of obligation to remain with the organization; continuance commitment which reflects the perceived costs-benefit evaluation of maintaining organizational membership. [19] Organizational commitment includes; a strong acceptance of the organization's goals and values; a desire to maintain membership in the organization; and a willingness to exert considerable effort on behalf of the organization. [20]

Aims of the Study include; *a)* Measure rate of absenteeism among nurses at Menoufyia University Hospitals; *b)* Determine causes of absenteeism among nurses at Menoufyia University Hospitals; *c)* Measure levels of organizational commitment among nurses at Menoufyia University Hospitals. *d)* Determine the relationship between nurse's absenteeism and their organizational commitment at Menoufyia University Hospitals.

1.1. Research Questions

1. What is the rate of absenteeism among nurses at Menoufyia University Hospitals?
2. What are the causes of absenteeism among nurses at Menoufyia University Hospitals?
3. What is level of organizational commitment among nurses at Menoufyia University Hospitals?
4. What is the relationship between Nurses' Absenteeism and their organizational Commitment at Menoufyia University Hospitals?

1.2. Significance of the Study

The effect of nurses' absenteeism on their organizational commitment is a topic of much concern within the health care organization. This topic is of the utmost importance to the field of nursing care because it has a direct effect on the level of nurses' commitment to their work and the quality of the health care, therefore, this study reinforce the researcher to develop health care strategies with the nurses of Menoufyia university hospitals to reduce the number of absences in work team and improve quality of nursing care and level nurses' commitment to their work.

2. Subjects and Methods

1- Design

A descriptive research design was used to determine the relationship between nurse's absenteeism and their organizational commitment at Menoufyia university hospitals.

2- Setting

The study was conducted at Menoufyia University Hospitals which provide services for the patients and their families. These hospitals composed of four buildings including; main building, oncology building, emergency hospital and Suzan Mubarak Hospital. The main building consists of medical, urology, Ear Nasal and Throat (ENT), hemodialysis unit and outpatient clinics. The emergency hospital consists of the surgery department, intensive care units, burn unit, operating unit, and emergency unit. Suzan Mubarak Hospital consists of the obstetrics and gynecology department, pediatric department and neonatal intensive care unit. The oncology institution, which separated from other hospital settings.

3- Subjects

A simple random sample of nurses was conducted in all units of Menoufyia University Hospitals. A total number of study sample were 200 nurses enrolled in various units. The study sample of nurses have at least one year experience at hospitals, it included different categories of nurses according to their educational level, their qualification was bachelor of nursing, nursing school diploma and technical institution diploma from both gender. The study participants randomized from different shifts in all units of Menoufyia University Hospitals.

4- Data collection tools

Three different tools have been used in the collection of data. These included a self-administered questionnaire, organizational commitment scale and official absenteeism records (an absenteeism data retrieved from personnel files).

1) A self-administered questionnaire: the first tool was aimed at determining causes of absenteeism. Elements of the questionnaire were determined based on Gaber, (2002) [21]. The questionnaire sheet consisted of 68 items categorized in; **Part I:** covered inquiries about the nurses' demographic data (8 items) such as age, department, educational level, years of experience, marital status, income, the number of children and methods of transportation. **Part II:** this part was designed for collecting data about causes of absenteeism. It consisted of 60 questions subcategories under the ten categories. These causes of absenteeism related to family factors (7 items), financial factors (2 items), health factors (3 items), psychological factors (5 items), peers-related factors (6 items), workplace factors (7 items), communication factors (4 items), Work itself factors (12 items), rules of absenteeism (4 items), and lack control of absenteeism (10 items).

2) Official absenteeism records an absenteeism data retrieved from personnel files in Menoufyia university hospitals to get data about the days of absenteeism of the nurses in the study. This included all types of absenteeism, emergency, annual, sick leave and maternity vacation, a form was prepared for collection of those data.

3) Organizational commitment scale: the aim of this scale was measured levels of organizational commitment among nurses. It consists of 28 questions were determined based on Lok, P. and Crawford, J. (2004). [22] The respondent answer items on a three-point scale ranging from one to three in which 1= disagree 2= uncertain, and 3 = agree. The scores of the items were summed and the total divided by the number of the items, giving a mean score. These scores were converted into a percent score, mean and standard deviation were computed.

4- Tools validity and reliability

The third instruments were used previous research and tested for validity and reliability. the researcher to ensure the validity and reliability of four questionnaires was handed that tools to four experts from nursing administration department, five peers from nursing administration department, faculty of nursing, Menoufyia University, and 20 staff nurses from Menoufyia University Hospitals from different units and different categories, gender, and qualification to assess its clarity and content validity of the tools. Then, the instruments are piloted to test clarity and feasibility of conduction.

5- Pilot Study

After review of the questionnaire by experts and its approval, a pilot study was carried out before starting the actual data collection. The purpose of the pilot study was to ascertain the clarity and applicability of the study tools and to identify the obstacles and problems that may be encountered during data collection. It also helped to estimate the time needed to fill the questionnaire. Based on the results of pilot study, modifications, and clarification of some questions were done. A pilot study was done on 20 staff nurses working in different units, and those were not included in the total sample of the research work to ensure the stability of the answers.

6- Ethical consideration.

Before any attempt to collect data, two formal letters were issued from the Faculty of Nursing, Menoufyia

University to obtain an official approval from an administrator of the hospital where the data was collected to conduct the study. The letters identified the researcher, title, and aim of the research.

7- Procedure.

The researcher collects data from different sources, **the first source**, distribute the questionnaire on the staff nurses to collect data about causes of absenteeism and level of nurse commitment, the researcher introduced herself to the respondents and explained the aim and objectives of the study to the nurses in the study settings. Each participant was notified about the right to refuse to participate in the study anonymity, and confidentiality of the information gathered was ensured, then, the designed questionnaire was distributed to them, the questionnaire taken 10-15 minutes to fill it. **The second source**; review the official absenteeism records to collect data about types of absenteeism and how many days for each type. The researcher was reviewed the official record five hours per day and four days per week through that month, the data about rate of absenteeism collected among two stages, the first stage review official absenteeism records of all nurses in the Menoufyia university hospitals, the second stage, select nurses included in study sample from all nurses to document their days of absenteeism. The researcher calculates the days of nurses' absenteeism for each type (annual, emergency, sick and maternity leaves), after that the researcher calculated total days of absenteeism for all types of absenteeism for each staff nurse included in the study. The formula used to calculate the rate of absenteeism [23] was:

Frequency Rate:

$$\frac{\text{Total episodes of absence per year}}{\text{Average number of employees during the year}} \times 100$$

=frequency rate of absenteeism yearly.

8- Statistical design.

The respondent answer items on a three-point scale ranging from one to three in which 1= rare, 2= sometimes, and 3= mostly. The scoring of the items for each category and each subgroup were summed and the total divided by the number of the items, giving a mean score. These scored were converted into a percent score, mean and standard deviations were computed. Mann-Whitney test was used to determine a significant difference between nurses' total absenteeism and their socio-demographic characteristics, a similar test was used to determine the relationship between nurses' job commitment and absenteeism. The chi-square test was done to determine a significant difference between nurses' job commitment and their causes of absenteeism. A significance level of < 0.05 .

3. Results

The results of this study indicated that highest percentage of the study sample of nurses were; female (96.5%), aged between 25-29 years (47.0%) old age, married (79.0%), having children (84.2%), having nursing diploma qualification (52.0%). Concerning to years of

experience; nearly half of nurses (46.5%) were from 5- 9 years. (Table 1)

Regarding mean total year number of absenteeism days by reasons. The current findings revealed the highest mean of staff nurses absenteeism (18.57%) were related to annual leaves. While lowest mean score of staff nurses absenteeism (0.99%) was sick leaves reason. As evident from the figure, the total absenteeism rate was (29.40%). (Figure 1)

Most of the staff nurses perceived that workplace factors (85.5%) and lack control of absenteeism (82.5%) were the main causing factors which lead to their absenteeism. Also, more than half of staff nurses perceived that work itself factors (59.5%) and family factors (53.0%) were causes of absenteeism. (Table 2)

The research findings indicated that there was statistically significant difference between nurses' total absenteeism and their age, gender, experience, and marital status at P value = < 0.001, 0.04, 0.007 and < 0.001 respectively. (Table 3)

The results illustrated that job commitment among nurses in the study sample, more than half of the staff nurses (62.5%) were committed to the organization, on the other hand, more than one-third (37.5%) were uncommitted to the organization. (Figure 2)

Regarding the relationship between nurses' job commitment and absenteeism. The study findings revealed that there was a highly significant difference between nurses' commitment and emergency leaves (P<0.001), annual leaves (P<0.001), and the total of absence days at P<0.001, and a significant with sick leaves (P=0.03). (Table 4)

The current results illustrated that there was a significant difference between nurses' job commitment and health-related factors (P=0.01) and Lack control of absenteeism (0.02), and highly a significant with rules of absenteeism (P=0.003). More than half of uncommitted nurses perceived that rules of absenteeism factors (54.7%) were main causes of absenteeism. (Table 5)

Table 1. Socio-demographic Characteristics of Nurses in the Study Sample (n=200)

Characteristics	Frequency	Percent
	N =200	%
Age (years):		
<25	59	29.5
25-29	94	47.0
>30	47	23.5
Range	20.0-45.0	
Mean±SD	26.8±4.1	
Gender:		
Male	7	3.5
Female	193	96.5
Job position:		
Nurse specialist	42	21.0
Nurse technician	158	79.0
Nursing qualification:		
Nursing school diploma	104	52.0
Specialty diploma	3	1.5
Technical institute diploma	50	25.0
Bachelor of nursing	43	21.5
Expérience years:		
<5	49	24.5
5- 9	93	46.5
>10	58	29.0
Range	1.0-27.0	
Mean±SD	7.4±4.4	
Marital status:		
Single	42	21.0
Married	158	79.0
Having children:		
No	25	15.8
Yes	133	84.2
No. of children:		
Range	0.0-4.0	
Mean ±SD	1.5±1.1	

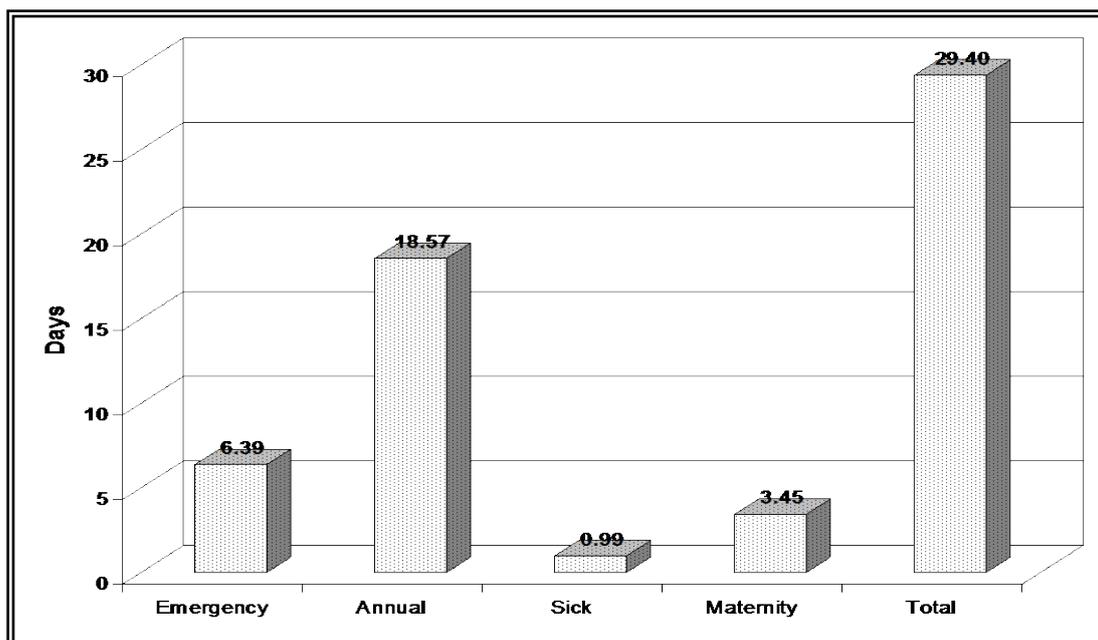


Figure 1. Mean total year number of absenteeism days by reason.

Table 2. The Opinion of Nurses Related to Causes of Absenteeism (n=200)

Factors	Agreement upon factors			
	Yes (60%+)		No (<60%)	
	No.	%	No.	%
Family related factors	106	53.0	94	47.0
Financial factors	81	40.5	119	59.5
Health-related factors	30	15.0	170	85.0
Psychological factors	42	21.0	158	79.0
Peers-related factors	50	25.0	150	75.0
Workplace factors	171	85.5	29	14.5
Communication and relations	75	37.5	125	62.5
Work itself factors	119	59.5	81	40.5
Rules of absenteeism	53	26.5	147	73.5
Lack control of absenteeism	165	82.5	35	17.5

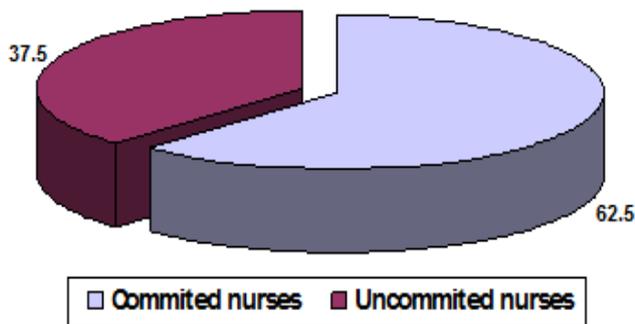


Figure 2. Organizational Commitment among Nurses in the Study Sample (n=200)

Table 3. The Relationship between Nurses' Total Absenteeism by Reasons and Their Socio-demographic Characteristics

Characteristics	Total absence days (Mean±SD)	Mann-Whitney test	p-value
Age (years):			
<25	22.8±15.1	26.77	<0.001**
25-	33.6±22.6		
30+	29.3±16.9		
Gender:			
Male	21.0±17.0	4.31	0.04*
Female	29.7±19.9		
Nursing qualification:			
Bachelor of nursing	28.2±17.6	0.31	0.58
Nursing diploma	29.7±20.4		
Expérience years:			
<5	24.4±15.7	9.86	0.007**
5-	30.5±19.6		
10+	31.8±22.6		
Job position:			
Nurse specialist	26.2±11.6	0.71	0.40
Nurse technician	30.3±21.4		
Marital status:			
Single	22.4±10.0	12.48	<0.001**
Married	31.3±21.3		
Having children:			
No	27.2±11.1	0.58	0.45
Yes	32.0±22.7		

(*) Statistically significant at $p \leq 0.05$
 (**) Highly statistically significant at $p \leq 0.001$

Table 4. The Relationship between Nurses' Job Commitment and Absenteeism by reasons

	Absenteeism days (Mean±SD)		Mann Whitney test	p-value
	Committed	Uncommitted		
Emergency leaves	6.1±3.1	6.9±1.2	23.23	<0.001**
Annual leaves	15.6±6.0	23.6±5.2	70.70	<0.001**
Sick leaves	0.5±3.5	1.8±7.5	4.77	0.03*
Maternity leaves	2.6±14.8	4.8±20.4	0.58	0.45
Total absence days	24.8±17.5	37.0±21.2	64.05	<0.001**

(*) Statistically significant at $p \leq 0.05$
 (**) Highly statistically significant at $p \leq 0.001$

Table 5. Comparison between Nurses' Job Commitment and their causes of Absenteeism

Factors	Commitment				X ² Test	p-value
	Committed		Uncommitted			
	No.	%	No.	%		
Family-related factors	63	59.4	43	40.6	0.90	0.34
Financial factors	54	66.7	27	33.3	1.01	0.32
Health-related factors	25	83.3	5	16.7	6.54	0.01*
Psychological factors	30	71.4	12	28.6	1.81	0.18
Peers-related factors	27	54.0	23	46.0	2.06	0.15
Workplace factors	105	61.4	66	38.6	0.60	0.44
Communication and relations	44	58.7	31	41.3	0.75	0.39
Work itself factors	71	59.7	48	40.3	1.01	0.32
Rules of absenteeism	24	45.3	29	54.7	9.12	0.003**
Lack control of absenteeism	97	58.8	68	41.2	5.54	0.02*

(*) Statistically significant at $p < 0.05$
 (**) Highly statistically significant at $p \leq 0.001$

4. Discussion

Organizational commitment has favorable outcomes for nurse's better attendance in their health organization. The purpose of current study is to determine the relationship between nurse's absenteeism and their organizational commitment at Menoufyia university hospitals.

Regarding mean total year number of absenteeism days by reason. The current findings revealed the highest mean percentage of staff nurses absenteeism (18.57%) were related to annual leaves. While, a lowest mean score of staff nurses absenteeism (0.99%) were sick leaves reason, and, total absenteeism rate was (29.40%). This finding is consistent with the study found that the average annual day's number of absenteeism per nurse was 27.7 days/person. While the average sickness leave duration was 8.82 days/person. [24] Also, this finding was supported by study revealed most employees with low levels of commitment were the most likely to leave the organization with annual absenteeism rates of approximately 30%. [25] Increasing rate of absenteeism seems to be an early indication of lower levels of commitment among nurses.

As regards to causes of absenteeism. The finding of this study revealed the most of the staff nurses perceived that workplace factors (85.5%) and lack control of absenteeism (82.5%) were the main causing factors which lead to their absenteeism. Also, more than half of staff nurses perceived that work itself factors (59.5%) and family factors (53.0%) were causes of absenteeism. This result is consistent with the study indicated that the majority of nurses' absence from work due to family matters, increased workload, unsatisfactory work conditions, lack of equipment, incoherent decision-making, lack of a reward system and poor adherence to policy. [26] Moreover, the current finding was compatible with another study reported factors that influence on rates of absenteeism mostly were workplace factors, workload, and poor adherence to policy on absence. [5]

The research findings indicated that there was a statistically significant difference between nurses' total absenteeism and their age, gender, experience, and marital status at P value = < 0.001 , 0.04 , 0.007 and < 0.001 respectively. This finding was in accordance with study illustrated that most nursing workers were female, married and technical nurses. The factors associated with absenteeism were: age group, gender and education. [27] On the other hand, this result is inconsistent with the study that revealed no significant relationship between demographical variables and absenteeism. [11]

The results illustrated that job commitment among nurses in the study sample, more than half of the staff nurses (62.5%) were committed to the organization, on the other hand, more than one-third (37.5%) were uncommitted to the organization. In the same line, the study [28] reported that most of the nurses in two teaching hospitals are mildly committed to their hospitals. Moreover, another study result revealed the mean values of organizational commitment are at moderate level. [29]

Regarding the relationship between nurses' job commitment and absenteeism. The study findings revealed that there was a highly significant difference between nurses' commitment and emergency leaves ($P < 0.001$), annual leaves ($P < 0.001$), and the total of absence days at

$P < 0.001$, and a significant with sick leaves ($P = 0.03$). The current results revealed a significant difference between nurses' job commitment and health-related factors ($P = 0.01$) and lack control of absenteeism (0.02), and highly a significant with rules of absenteeism ($P = 0.003$). More than half of uncommitted nurses perceived that rules of absenteeism factors (54.7%) were main causes of absenteeism, while, nearly half of them perceived that peers-related factors (46.0%) were causes to their absenteeism. These findings were consistent with study indicated that employees' commitment is an important issue because it may be used to predict employee's absenteeism. The uncommitted employees are more likely to leave an organization than those who are committed. [30] On other hand, study of Gaziel illustrated that, among the participants of teachers, commitment had no effect on involuntary (sickness) absenteeism. [31]

According to study of Schalk which focuses on the relationship between organizational commitment and absenteeism among nurses. It mentioned that pattern of low commitment associated with increasing of absenteeism, or whether health of nurses and their commitment are related to different ways of absenteeism. Consequently, the worst effect of high rate of absenteeism at the organizational level is decreasing organizational commitment among staff nurses and experts of the job. It concluded that organizational commitment is related to reported health complaints. [14] The current findings were inconsistent with the results of earlier studies found no direct relation between organizational commitment and absenteeism, or between health complaints and absenteeism. [32,33] Moreover, study of Cohen, and Golan stated that no commitment was related to absenteeism among nurses. [34]

5. Conclusion and Recommendation

This research study concluded that the rate of nurses' absenteeism has the negative impact on their organizational commitment, however, the highest mean days of absenteeism was for annual leaves, whereas the lowest was for sick leaves, moreover, workplace and lack control of absenteeism factors were the main causes of absenteeism. Total absenteeism was associated with nurses' age, gender, experience years, and marital status. Most nurses were committed to their organization, with lower absenteeism among committed ones.

In the light of this study results, the following recommendations are suggested: a) improving workplace for nurses through providing incentives, good opportunities of training, and child care centers. b) Increasing job commitment is needed through developing friendly work climate, promoting sense of membership, and increasing staff nurses' involvement in decision making. c) Developing employee's pattern or policy of an attendance to decrease rate of absenteeism. d) Planning and implementing strategies for absenteeism control including; encourage staff nurse's motivation to attend; reducing employee's illness absence by providing free health promotions or health care to employees; improving co- worker relations by creating team work. e) Guiding the top management for working towards increasing commitment level by using democratic style of supervision and maintaining open communication with nurses.

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