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Predictors of absenteeism among hospital nurses: An examination of Blau amd Boal's model of absenteeism behavior

Keith Edward Gers

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PREDICTORS OF ABSENTEEISM AMONG HOSPITAL NURSES:
AN EXAMINATION OF BLAU AND BOAL'S MODEL OF
ABSENTEEISM BEHAVIOR

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Keith Edward Gers
December 1989
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ABSTRACT

This thesis examined the relationship between job satisfaction, organizational (job) commitment, job involvement, opportunity, distributive justice, Blau and Boal's four-category taxonomy, pay, and intention to leave an organization among hospital nurses. A group of 117 registered and licensed vocational nurses at a large, urban medical center responded to a 52-item survey. Results indicated no empirical support for Blau and Boal's conceptualization of absenteeism behaviors. Job satisfaction emerged as the best predictor of intention to leave an organization. Methods of controlling absence behaviors are discussed.
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TABLE OF CONTENTS

Title Page.........................................................i
Signature Page...............................................ii
Copyright Page........................................iii
Abstract......................................................iv
Acknowledgement........................................v
Table of Contents........................................vi
List of Tables................................................x
Introduction.................................................1

Theories of Absenteeism........................................4
  Economic Theory.........................................5
  Psychological Theory..................................5
  Sociological Theory..................................6
  Jurisprudential Theory...............................7
  Disability Theory...................................8
Measuring Absenteeism......................................9
Attitudes Related to Absenteeism.........................10
  Job Satisfaction......................................10
  Job Involvement......................................14
  Organizational Commitment and Distributive Justice...16
Other Attitudinal Variables..............................19
Relationship of Absenteeism and Turnover..............21
Models of Turnover and Intention to Quit..............23
Definitions Used in This Study.........................26
  Attitudes.............................................26
LIST OF TABLES

Table 1.  Rank Orders for Reasons for Absences ............38
Table 2.  Scale Statistics (revised scales) ...............39
Table 3.  Summary Statistics for Age and Years Worked .... 41
Table 4.  Summary Statistics for Wages and Number of Absences ..................................................42
Table 5.  Summary Statistics of Demographic Information .................................................................43
Table 6.  Intercorrelations Among the Predictor Variables .................................................................45
Table 7.  Intercorrelations Among the Criterion Variables .................................................................46
Table 8.  Reason for Absence by Blau and Boal's Typologies .......................................................50
Table 9.  Logarithmic Means of Yearly Absences by Blau and Boal's Typologies ...............................52
Table 10. Logarithmic Means of Monthly Absences by Blau and Boal's Typologies .............................53
Table 11. Logarithmic Means with Yearly Absence as Dependent Variable in ANOVA .......................55
Table 12. Logarithmic Means with Monthly Absence as Dependent Variable in ANOVA .....................56
Table 13. Predictors of Intention to Leave (Item 31) ......60
Table 14. Predictors of Intention to Leave (Item 32) ......61
INTRODUCTION

Major organizations in the United States lose an estimated 400 million work days a year as a result of employee absenteeism (Yolles, Carone, & Krinsky, 1975). Dilts, Deitsch, and Paul (1985) stated that production in the workplace suffers as a result of absent labor because labor is vital to any production process. Consequently, employee absenteeism is a behavior that can lead to serious financial problems for an organization. A study by Steers and Rhodes (1978) explored some of the potential costs that absenteeism can have on a company. Steers and Rhodes (1978) estimated that U.S. organizations lose up to 26.4 billion dollars a year as a result of employee absenteeism. Markowich and Silver (1989) reported that this estimate may reach as high as 40 billion dollars a year. These costs include direct salary payments, temporary replacement fees, fringe benefits, and administrative expenses (e.g. training).

Costs incurred from absenteeism in health care organizations reflect a similar dilemma. In fact, Markowich and Silver (1989) reported that it is important to study absenteeism in hospitals because of the changes in the Medicare reimbursement policy in 1983. Before 1983, hospitals were reimbursed for all costs associated with patient care regardless of the expense. In 1983 a new
fixed-rate system (i.e. diagnosis-related prospective payment system) went into effect and hospitals are now paid a fixed price per diagnosis. If the hospital spends less than the fixed amount, it makes money and if it spends more than the fixed amount it must absorb the loss. Further, Markowich and Silver (1989) discuss how competition and pressures to reduce federal spending on health care may result in a 10% closure of hospitals in the early 1990s. So, for hospitals to survive, they must increase their productivity and reduce their costs. Markowich and Silver (1989) suggest that one way to do this is by reducing absenteeism. According to Steers and Rhodes (1980), absenteeism may run as high as 10-20% of the workforce on any given day and even higher in certain high-stress industries. Many would suggest that hospitals qualify as high-stress industries.

Hospitals are one of the few work organizations in our society which are mostly staffed by females. In fact, staff nurses are almost always females (Price & Mueller, 1986). Markham, Dansereau, and Alutto (1982) reported data that suggest higher absenteeism rates for women than for men (also see Dilts et al., 1985, Isamberti-Jamati, 1962, and Steers & Rhodes, 1980). Further, Steers and Rhodes (1980) reported that women are absent more than men because of societal traditions regarding family responsibilities (i.e. women typically stay home to take care of sick
Thus, as the family increases in size, women may be absent from work more frequently. Further, absenteeism has long been viewed as a form of "withdrawal" from unsatisfactory work conditions (Hill & Trist, 1955). In other words, employees seeking to avoid unpleasant working conditions engage in a behavioral response by being absent from work (Dilts et al., 1985). According to Price and Mueller (1986), turnover is another classic form of withdrawal behavior. Duld (1981) stated that 70% of nurses leave their jobs each year, a turnover rate that far exceeds that of women in other jobs, such as teaching in public schools. Since previous researchers have claimed that withdrawal behaviors such as absenteeism and turnover appear to be prevalent among women and nurses, it is important to examine how this affects hospital staffing and patient care.

Costs incurred from absenteeism among hospital nurses presents a serious financial drain for the hospital. It is estimated that costs may reach $150 a day per nurse (Curran & Curran, 1987). Absenteeism in hospitals places a strain on resources in both economic terms and organizational effectiveness. The hospital suffers from replacement costs, loss in productivity, and a decrease in the quality of patient care (DeWeese, 1987; Hinrichs, 1980; Miller & Norton, 1986). Regarding replacement costs, for example, hospitals are affected by the hiring of temporary help from
nursing pools at costs twice that of regular employees (T.C. Timmreck, personal communication, November 27, 1989). When an employee is absent from work, a supervisor must spend time looking for a replacement if extra personnel are not readily available (Price & Mueller, 1986). This expends the supervisor's time and creates additional paperwork. The replacement worker is paid and, most likely, the absent employee is also paid for the time he or she is off work (e.g. sick day). Also, in many instances the replacement person cannot perform the job at the same level of efficiency as the absent worker so output is certain to decrease (Price & Mueller, 1986). When an employee is absent from work the job either does not get done or gets partially done or the quality of the work suffers when the replacement attempts to cover for the absent worker (Hinrichs, 1980).

The intent of the research reported in this thesis is to find what factors lead to higher absenteeism rates among nurses. Dilts et al. (1985) argue that the problem of absenteeism is important because solutions to the problem would provide insights on where to begin in the task of understanding and controlling behavior that relates to absenteeism in the workplace.

Theories of Absenteeism

Absenteeism occurs for a number of reasons and it is influenced by many variables. Dilts et al. (1985) contend
that there does not exist a single, unified, and integrated
to explain absence behavior because various
disciplines (e.g. psychology, sociology, statistics, economics) use their own unique methods to analyze
different aspects of the problem and in different settings.
This results in different and sometimes conflicting explanations and causes of absenteeism. The authors
describe five basic theories that attempt to explain
absenteeism behaviors: economic theories, psychological theories, sociological theories, jurisprudential theories, and disability theories.

**Economic Theory.** Economic theory is the most commonly used theory to explain absenteeism. The basic assumption is that people don't like to work and only do so because they have to. At the same time, however, people want to maintain a certain standard of living that requires a certain income. One's job is the means to that end. The argument is that if people can generate the income that they require to maintain their standard of living by working less (i.e. at higher wages) then they will work less even if it means that they must be absent from scheduled work days.

**Psychological Theory.** Psychological theory focuses on withdrawal behaviors as responses to job dissatisfaction and need deficiencies. Within this theory are different forms which absenteeism behaviors may take. For example,
absenteeism may stem from one's perceived sense of inequity between what he or she feels is put into the organization and what is received from it (Dilts et al., 1985). Support for this idea was also found by Hrebiniaik and Roteman (1973) who noted a positive relationship between job dissatisfaction and absenteeism, with dissatisfaction being measured as a need deficiency. Other correlates of absenteeism are presented later in this paper.

**Sociological Theory.** Sociological theory attempts to explain absenteeism behavior in terms of forces within society and organizational groups that affect work attendance. Examples of these forces are work group customs and norms. For example, absenteeism may be regarded as the accepted thing to do because work hours interfere with leisure time (i.e. a group norm). If this is so, then the group will exert social pressure on the individual to conform to this accepted behavior so that everyone will retain his or her own individual "play time" (Dilts et al., 1985).

Hill and Trist (1953) presented the notion of an "absence culture" to explain how employees learn the norms of absence behavior in an organization. Elaborating on this, Johns and Nicholson (1982) defined absence culture as "the set of shared understandings about absence legitimacy...and the established "custom and practice" of employee behavior..." (p. 136). In other words, employees
learn the customs and practices of the work environment and experience sociological pressure from fellow workers to behave in ways that are consistent with group norms. For example, some cultures may prescribe regular work attendance regardless of how satisfied one is with his or her job while other cultures may view absence as a legitimate response to job dissatisfaction (Nicholson & Johns, 1985). Nicholson and Johns (1985) also explain that the nature of the "absence culture" is influenced by societal beliefs and assumptions about absenteeism from both inside and outside the work environment. For example, societal norms state that parents (particularly women) are expected to stay home to take care of children. Companies tend to support this ideology by not providing day care; yet these same companies cannot refuse to hire parents because of equal opportunity laws. Evidence for this societal norm was found by Miller and Norton (1986) who reported that child care problems are the primary personal factors that contribute to absenteeism in hospitals. Similarly, LaMarre and Thompson (1984) noted that the inability of families and employers to resolve day care problems for children was found to affect absenteeism rates. Other normative pressures to attend work also include such variables as economic conditions, work group norms and personal work ethics (Steers & Rhodes, 1978).
examines organizational policies regarding work attendance. Some provisions, such as paid vacations and sick days, may actually convey to employees that occasional absences are expected. In other words, some personnel policies may actually be contributing to absenteeism behaviors because of their lack of giving personal days off (Dilts et al., 1985). Further support for this notion is provided by Baum (1978) who suggests that "...an attendance control policy based on legal compliance can lead to a significant reduction in absenteeism among workers who have a history of chronic absenteeism" (p. 78) and by Dalton and Perry (1981) who suggest that "certain collective bargaining contract policies may be moderately strong correlates of organizational absence rates" (p. 430). For example, Dalton and Perry (1981) reported that organizations that provide more sick days per year (i.e. allow them to accumulate at a faster rate) and do not reimburse earned, but unused sick days, have higher absence rates.

Disability Theory. Disability theory includes all occurrences that may prevent a worker from attending a scheduled work day. Hinrichs (1980) reported that much of the absenteeism in American industry occurs simply because employees are unable to get to work (e.g. car trouble). Other examples include those incidents that incapacitate an employee such as injuries and illnesses. Dilts et al. (1985) contend that there is "...little theory involved
with the notion that disability causes absenteeism; it is a simple statement of fact" (p. 37).

Measuring Absenteeism

It is evident from these five theories that absenteeism is a complex behavior. Possible causes of employee absenteeism can result from economic pressures, job dissatisfaction, pressures to conform to group norms, organizational policies, the inability of an employee to attend work because of disability and/or any reason that work attendance is prostituted. No universally accepted single measure for absenteeism has been devised that captures all of the different dimensions of the phenomena. This lack of a single measure is due in part to the difficulty one encounters in measuring absence behavior.

Absenteeism measures have historically contained problems as a result of operational definitions of voluntary and involuntary absences, and contamination of the criteria or data. For example, contamination of the data can occur when the personnel representative categorizes an employee's absence because this process determines whether the absence is voluntary or involuntary according to the operational definitions used by the researcher (Hammer & Landau, 1981). Johns (1978) and Muchinsky (1977) suggested that frequency of absence is superior to total days lost as a measure of absence behavior. Popp and Belohlav (1982) reported that frequency
of absence accounted for more explained variance in the study they performed. This may be so because the frequency index of voluntary absenteeism includes a certain number of involuntary absences while the index for the time lost measure also includes voluntary absence behavior data (Hammer & Landau, 1981).

Chadwick-Jones, Brown, Nicholson, and Sheppard (1971) measured absence using a Time Lost Index which related absences in terms of time lost at work as a percentage of possible working time. Hammer and Landau (1981) showed that frequency measures of absences are more stable than time lost measures because the latter refers to the duration of the absence in question while the former refers to the actual number of days that an employee is absent from work. Eisenberger, Huntington, Hutchison, and Sowa (1986) suggested that absence frequencies and durations mean different things; that is, frequency of absences is assumed to measure attitudes about the job while duration of absences assumes medical reasons. Therefore, an examination of employee's attitudes should help us in the understanding and predicting of types of absenteeism behaviors. The next few sections will explore some of the attitudinal factors that appear to be related to absenteeism.

Attitudes Related to Absenteeism

**Job Satisfaction.** Simply, the degree to which
individuals like their jobs (job satisfaction) has historically received much attention because it appears to influence employee work attendance (Dilts et al., 1985). For example, when required duties on the job result in employee dissatisfaction, then employee withdrawal behaviors increase. These behaviors might include absenteeism, avoiding certain tasks, and/or quitting one's job. For example, finding replacements for absent workers usually involves shifting job assignments. Many employees may become disgruntled as a result of frequent shifting from one job to another, especially if they are assigned less desirable work. Also, discipline of all workers may be adversely affected if the absent workers are not penalized for their failure to show up to work (Dilts et al., 1985).

Many variables may affect an employee's job satisfaction, which in turn may affect attendance. Berkowitz, Fraser, Treasure, and Cochran (1987) suggested that the greater one's income is, the stronger their pay satisfaction should be. They performed a regression analysis and concluded that a sense of equity (comparison with other people's pay) and the benefits associated with one's standard of living (the standard of living they enjoy as a result of their level of income) were strong predictors of pay satisfaction. Similarly, job satisfaction tends to increase for those employees who have
benefits when the coverage of those benefits are improved (Dreher, Ash, & Bretz, 1988). Job satisfaction seems to decrease as a function of increased employee costs. For example, employees appear to be quite sensitive to variations in the cost of health insurance (Dreher et al., 1988). This relationship is more evident among employees who are well informed about actual levels of benefits coverage.

Satisfaction has long been stressed as an important determinant of withdrawal behavior (Price & Mueller, 1986). In fact, Mowday, Porter, and Steers (1982) reported that satisfaction influences withdrawal behavior (especially turnover) indirectly through intention to leave. This suggests that the definition of job satisfaction may have an effect on its correlation with absenteeism. In the hospitals they studied, Mowday et al. (1982) claimed that the extent to which employees liked their jobs influenced their remaining on the job. Specifically, they reported that 92 percent of the impact that satisfaction has on turnover was indirect through intention to leave.

Most research has focused on the relationship between absence behavior and job dissatisfaction attempting to show that dissatisfaction is a primary cause of absenteeism (Popp & Belohlav, 1982). Locke (1976) and others (e.g. Ilgen & Hollenback, 1977; Nicholson, Brown, & Chadwick-Jones, 1976; Porter & Steers, 1973; Scott & Taylor, 1985;
Vroom, 1964) showed that this relationship is actually quite low.

Scott and Taylor (1985) examined the inconsistent evidence for a relationship between job satisfaction and employee absenteeism. Specifically, they compared various studies that examined the relationship between job satisfaction and absenteeism. For example, Muchinsky (1977) concluded that a relationship between these two variables does exist while Nicholson et al. (1976) concluded that such a relationship between these two variables does not exist. Further, Steers and Rhodes (1978) suggested that certain moderating variables (e.g. job involvement) may intervene to cause mixed results. In attempting to clarify the relationship between job satisfaction and absenteeism, Scott and Taylor (1985) employed Hunter, Schmidt, and Jackson's (1982) data synthesis procedure referred to as meta-analysis. Scott and Taylor (1985) concluded that there appears to exist a moderate relationship between these two variables. The resulting $r$, corrected for statistical artifacts of sampling errors and unreliability, was $-0.29$. Therefore, the inconsistencies among previous research results in this area can be attributed in part to insufficient sampling and to the use of different measurement techniques. There is some support for a negative relationship between job satisfaction and absenteeism (Scott & Taylor, 1985).
However, the relatively small percentage of variance accounted for suggests that other factors may be important moderators of the job satisfaction-absenteeism relationship. It should be noted that this correlational meta-analysis does not allow one to infer a causal relationship between these variables, but the results are noteworthy nonetheless.

Prior to the meta-analysis of Scott and Taylor, Clegg (1983), Cheloha and Farr (1980), and Steers and Rhodes (1978) had suggested that there is no direct relationship between job satisfaction and absenteeism. Instead, other variables (e.g. biographical or situational) may intervene to moderate the process. Clegg (1983) also proposed that those who are absent frequently become more negative about their work and those who feel negative about their work start becoming absent more often. As can be seen from the review, there does not seem to be clear agreement that job satisfaction is highly predictive of absenteeism. The evidence clearly suggests that there is some relationship but that the relationship is probably not a direct one. One possible moderator variable for absenteeism suggested by Steers and Rhodes (1978) is job involvement.

Job Involvement. According to Lodahl and Kejner (1965), job involvement is a distinct job attitude (which includes the idea of satisfaction) that refers to the degree to which a person is identified with his or her
work. Lodahl (1964) had concluded earlier that job involvement is learned early in the socialization process of the company after Etzioni (1961) had suggested that the power organizations have over individuals is rooted in the nature of the individual's involvement in the organization. Gechman and Wiener (1975) have insisted that job involvement and job satisfaction should be thought of as separate and distinct job attitudes. A study by Brooke, Russell, & Price (1988) added support to this concept. The results they obtained provided evidence that employees are able to distinguish between the extent of their satisfaction with their jobs, the degree to which they are involved with their jobs, and the degree of loyalty or commitment they feel toward the organization where they are employed. Thus, these three concepts should be thought of as distinct attitudinal constructs: job satisfaction, job involvement, and organizational commitment. Organizational commitment will be reviewed later in this paper.

Price and Mueller (1986) argue that employees who have a strong identification with their jobs would be expected to have good attendance records. Blau and Boal (1987) described how job involvement might act as a possible moderating variable between job satisfaction and absenteeism. They explained that one possible reason why the reported variance accounted for by job involvement has not been more consistent is because it may interact with
another moderating variable — organizational commitment. These two variables have generally been used as separate predictors of both absenteeism and turnover rather than as an interaction variable (Blau & Boal, 1987).

**Organizational Commitment and Distributive Justice.** Salancik (1977) reported that the concept of commitment has the power to shape employee attitudes toward the organization. That is, employees will adjust their attitudes over time to fit the situations they are in. As a result, the employee will reinforce his or her own behavioral and psychological commitment with that of the organization. Mowday et al., (1982) and Steers and Rhodes (1978) argue that commitment also influences attendance; that is, those who are more committed to the organization will be absent less often. And, since attendance appears to affect turnover, it follows that increased employee commitment will result in reduced turnover (Mowday et al., 1982).

One reason that organizational commitment has received so much attention is because, through correlational methods, it is thought to be a fairly reliable predictor of turnover (Mowday et al., 1982). Specifically, employees who are committed to an organization are thought to be more likely to stay with the organization and to work toward attaining the goals of the organization. Managers tend to link this idea with that of employee loyalty, meaning that
those who are not committed to the organization are more likely to leave. Eisenberger et al. (1986) suggest that employees form beliefs about the extent to which the organization values their contributions and the degree to which the organization cares about their well-being. They argue that a social exchange develops between the employee and the organization as a result of these beliefs. The employee then devises in his or her own mind a sense of perceived support from the organization. Evidence was presented to support the notion that this perceived organizational support results in reducing employee absenteeism (Eisenberger et al., 1986). This concept is similar to the concept of distributive justice as described by Price and Mueller (1986).

Price and Mueller (1986) cited Homan's (1961) definition of distributive justice as "the degree to which rewards and punishments are related to performance inputs" (p. 13). They focus on distributive justice as a sense of equity and fairness and suggest that it is high in an organization when hard work is rewarded, for example, with pay or advancement. This is similar to Eisenberger et al.'s (1986) notion of work effort and exchange ideologies where they suggest that rewards such as pay help to increase one's perceived support to the organization. Similarly, Price and Mueller (1986) reported significant negative correlations between unpaid absences and pay and
between both paid and unpaid absences and distributive justice.

Rusbult, Farrell, Rogers, and Mainous (1988) noted a relationship between commitment and a decision to leave an organization. Specifically, those feeling more dissatisfaction evidenced reduced loyalty to the organization and exhibited increased intentions to leave the organization; for example, by thinking about quitting. These individuals also exhibited increased intentions to be chronically late and/or absent.

According to Morrow (1983), job involvement and organizational commitment are related but show distinct work attitudes. For example, an employee with a high level of job involvement identifies with and cares about his or her job (Morrow, 1983). Kanungo (1982) would say that the job is important to the employee's self-image. An employee with a high level of organizational commitment has positive feelings about the organization and thus he or she wishes to continue working for that organization (Porter, Crampon, & Smith, 1976). Blau and Boal (1987) suggest that employees with high levels of both job involvement and organizational commitment should be the most motivated workers because they are attracted by both the job itself and the organization.

Blau and Boal (1987) also reported that job involvement and organizational commitment complement one
another as predictors of absenteeism and turnover. In fact, they claim that certain interactive combinations of the levels of these variables will help predict particular types of withdrawal behaviors. For example, one can compare functional and dysfunctional turnover (Dalton, Todor, & Krackhardt, 1982) with excused and unexcused absences (Cheloha & Farr, 1980). However, these are not the only possible variables that may affect attendance behaviors. Some other attitudinal variables may come into play.

Other Attitudinal Variables

Finally, although job satisfaction, job involvement, and organizational commitment are considered important determinants in explaining absenteeism variations, Price and Mueller (1981) examined two other factors that may contribute to explaining withdrawal behavior variations among nurses. These factors are opportunity and pay. Opportunity refers to one's perception of the availability of alternative jobs in the area while pay simply refers to the money and fringe benefits one receives for his or her services to the organization. Price and Mueller (1981) found that opportunity and pay were the two best supported variables from the ones that they examined, and that opportunity was the more significant of the two. It can be argued that in certain cases where one's pay may not necessarily be very highly valued (e.g. when it is not the
primary household income) that it loses some of its effect on withdrawal behavior (Price & Mueller, 1981). Dalton and Perry (1981) suggested two possible effects related to pay and absenteeism: 1) as income increases so does absenteeism, because the employee can afford to take off more time from work, or 2) as pay increases absenteeism is less likely to occur because the employee does not want to give up so much income. It should be noted here that there is also another possible effect related to pay and absenteeism; that is, those who receive more pay typically have more responsibility. These persons are less likely to be absent as often as others who have less responsibility. For example, supervisors get paid more than their subordinates, but more important, they have more responsibility than their subordinates and tend to be absent less. In other words, these individuals tend to be more committed to the organization as a result of their added responsibilities and are absent less often. However, it seems probable that if someone is dissatisfied with his or her job, regardless of the pay, and there arises an opportunity to leave that job to go elsewhere, then pay may very well take a back seat to the opportunity to leave an aversive situation, either temporarily or permanently.

Somehow, these variables work together in a dynamic process (Steers & Rhodes, 1978). For example, one experiences personal feelings about satisfaction,
involvement, commitment, and pay in regards to his or her job and to the organization. These feelings mesh together and evolve into personal attitudes about the job and about the company. An employee may feel satisfaction and involvement with the job, commitment to the organization, and content with the pay received. Or, one may feel quite the opposite. Differences among these variables and among individuals will vary, of course. But, these feelings help develop one's personal attitudes toward attendance and/or turnover which, in turn, influence behavior. In fact, there may even be a connection between absenteeism and turnover.

Relationship of Absenteeism and Turnover

The cost of absenteeism is staggering and cause enough for concern. Furthermore, some researchers (e.g. Mobley, Griffeth, Hand, & Meglino, 1979; Porter & Steers, 1973; Waters & Roach, 1979) have suggested absenteeism may be a predictor of turnover. Stumpf and Dawley (1981) examined absenteeism using two indices of measurement. These indices were total days absent and patterns of absences. They reported that absenteeism was significantly related to both voluntary and involuntary turnover. They did not examine these factors separately as independent variables. Instead, they combined them to create a 3-point index and obtain absenteeism ratings based on either less absenteeism than average, average absenteeism (i.e. between five and
seven days per year), or more absenteeism than average. Specifically, they reported that absenteeism accounted for over 10 percent of the variance in involuntary turnover (dismissal with cause) while accounting for only three percent of the variance in voluntary turnover (leaving to accept another job, or reasons other than pregnancy, retirement, or relocation). Turnover, in general, was greatest for those with poor attendance and absenteeism and turnover tended to correlate positively (Stumpf & Dawley, 1981).

Further, Steers and Rhodes (1978) suggested that absences can also be viewed as either voluntary (absences that involve choice) or involuntary (absences that do not involve choice such as illness). Thus, not only is it important for management to be concerned with absenteeism but also turnover so it will know when to take corrective action if turnover rates and subsequent costs increase (Terborg & Lee, 1984).

Turnover within hospitals is expensive. Each nurse who leaves a hospital has an average replacement cost of $1000. The average cost of turnover for a hospital is $140,000 a year (Barhyte, Counte, & Christman, 1987). This figure is based on Rowland's (1984) estimate that on the average every hospital in the U.S. recruited 140 registered nurses in 1980. Already, labor costs make up between 50-60 percent of hospital costs and withdrawal behaviors (i.e.
absenteeism and turnover) add to the overall labor costs (Price & Mueller, 1986). Not all turnover is bad, of course. Dalton and Todor (1979; also see Dreher, 1981) argue that dismissal of an incompetent staff nurse, for example, improves patient care.

Models of Turnover and Intention to Quit

Mobley (1975, cited in Mobley, 1977) reported strong and consistent negative correlations between job satisfaction measures and thinking of quitting. That is, the influence of job satisfaction on turnover appears to be indirect through thinking of quitting and intention to quit with the latter being the immediate precursor of actually quitting. Mobley (1977) offers a heuristic model to evaluate the turnover process. This model suggests that there are a number of possible mediating steps that may occur between an employee's sense of dissatisfaction and actual quitting. Mobley, Horner, and Hollingsworth (1978) support the notion that people's intentions are part of the turnover process. Price and Mueller (1986) present a model that illustrates the relationships between job satisfaction, commitment, intention to leave, and actual turnover.

For the purposes of this study it is not practical to assess actual turnover. Instead, by measuring job satisfaction, job involvement, job commitment, absenteeism, and intention to leave, it is expected that one will be
able to make educated predictions about future turnover. The decision to examine absenteeism as a predictor of turnover is supported by those who have suggested that more research be done to evaluate the complete withdrawal decision process instead of simply focusing only on a direct relationship between job satisfaction and turnover (Mobley, 1977).

Mowday et al., (1982), Price and Mueller (1986) and others (e.g. Beehr & Gupta, 1978; Bernardin, 1977; Lyons, 1972; Muchinsky, 1977) noted that there may be a continuum of withdrawal from an organization. In this continuum absenteeism may be the precursor of eventual turnover. Price and Mueller (1986) argue that there is some empirical support for the claim that absenteeism and turnover are different withdrawal responses to the same set of conditions. However, this study will not be able to make any claim to this notion because it will not explore turnover data, but rather intention to leave.

Other researchers (e.g. Price & Mueller, 1981; Zedeck, Jackson, & Summers, 1983) examined turnover further and concluded that job satisfaction does appear to be related to the turnover process. For example, Price and Mueller (1981) reported that job satisfaction among nurses appeared to have an indirect impact on turnover through commitment. Specifically, they reported that intention to stay (or intention to leave), which was defined as a
dimension of commitment, had a large impact on turnover. They also stated that job satisfaction served as an intervening or mediating variable which aided the commitment variable in developing a stronger effect. More specifically, the more satisfied nurses were the ones who expressed a greater intention to stay. This is consistent with other findings regarding intention to stay or leave (Mowday et al., 1982). Similarly, Waters and Roach (1973) concluded that an overall job satisfaction rating was a consistent predictor of both permanent withdrawal (turnover) and temporary withdrawal (absenteeism).

It seems logical that if absenteeism can be shown to be an adequate predictor of turnover, as suggested by Waters and Roach (1979) and others (e.g. Mobley et al., 1979; Porter & Steers, 1973), then research relating absenteeism to turnover is warranted. Specifically, Waters and Roach (1979) reported that intent to remain with the company and frequencies of absences added to the predictability of future turnover. It is cheaper to keep a good employee than it is to hire and train someone else who may or may not turn out to be a good employee, so studying the link of absenteeism to turnover would appear important. Krackhardt, McKenna, Porter, and Steers (1981) agree that organizations have long been concerned with the potential damaging effects from high turnover rates.

This study investigates whether there are specific
variables that are predictors of absenteeism. Blau and Boal (1987) conceptualized how job involvement and job commitment may affect absenteeism and turnover but they did not test their ideas. A primary objective of this study is to test Blau and Boal's taxonomy to determine if it has power in predicting absenteeism among hospital nurses. It would be expected that factors affecting absenteeism and turnover are similar and that these two variables are somehow linked. Since actual turnover has been found to be predicted by intention to quit, this study attempts to make and test predictions about turnover by using intention to quit. It is anticipated that if causes of absenteeism can be identified then predictions regarding turnover can be made. Specifically, this study examines how job satisfaction, pay, involvement, and commitment are related to intention to stay or leave and absenteeism. Pay is measured by an hourly rate to allow for a more accurate evaluation of the differences between full time and part time nurses. It is expected that hourly pay and hospital benefits will effect job satisfaction and intention to stay.

Definitions Used in This Study

Attitudes. For the purposes of this study, job involvement, organizational commitment, and absence are defined in the manner consistent with the definitions used by Blau and Boal (1987). These authors conceptualized how
the interaction of job involvement and organizational commitment may affect turnover and absenteeism. In their essay they reviewed past studies that examined these variables and hypothesized that specific interactions between these variables may help to predict certain types of withdrawal behaviors. Job involvement is defined as "the extent to which the individual identifies psychologically with his or her job". Organizational commitment is defined as "a state in which an employee identifies with a particular organization and its goals, and where he or she wishes to maintain membership in the organization to facilitate its goals".

Absences. Absences in this study were of two types. The first type was the traditional frequency of absence and the second type was the Blau and Boal classification. Both of these types of absences were measured using self-report items on a questionnaire. Absences in this study were categorized as suggested by Blau and Boal (1987), who defined absence using a four-category taxonomy. This taxonomy was the authors' conceptualization and consisted of the following: medical, career-enhancing, normative, and calculative. In the medical category, Blau and Boal claim that absence results from an infrequent and uncontrollable event such as an illness. This is most likely a sporadically occurring (excused) absence. It is expected that those employees exhibiting high involvement
and commitment will be absent less often and will use medical excuses most often when explaining why they were absent.

In the career-enhancing (career-related) category, Blau and Boal suggest that absence be viewed as time off that a worker uses to work on individual goals. These individuals should exhibit feelings of high job involvement and low organizational commitment. If their activities are directed outside the organization then the frequency of (unexcused) absences should peak shortly before quitting. This requires an "after-the-fact" analysis making predictions difficult to make.

According to Blau and Boal the normative category views absence as a response to the norms of one's work group regarding absence. This is consistent with the sociological theory described by Dilts et al. (1985) and reflects the notion that the employee responds to social pressure from his or her work group.

Finally, Blau and Boal state that the calculative category refers to an employee using up his or her amount of excused and unexcused absences that are permitted by the organization (i.e. maximum absences). This expresses an exchange between the employee and the organization like a social contract. One should be able to predict that both the frequency and total number of absence days will be the greatest for those workers who are most apathetic.
Currently there does not exist an instrument to measure Blau and Boal's absenteeism variables. The instrument used in this study asks several questions that tap these dimensions. The present researcher likes the conceptual thinking of Blau and Boal's (1987) essay but suggests that employees may see absence behavior differently than the organization. This brings up the notion of an "absence contract" for the organization. Schein (1980) defined the concept of a psychological contract between an employee and the organization, which is the set of expectations between these two entities. This contract is a mechanism by which the employee behaves according to the culture involved. This contract stems from the absence policies of the organization and the employees' perceptions of those policies.

Examining the different levels of individual job involvement and commitment may provide researchers with some insight into this area and help them to understand the causes of absences (Blau & Boal, 1987). Two self report frequency items were included in the questionnaire because organizational records were not available.

**Hypotheses**

The following hypotheses relate to the testing of Blau and Boal's (1987) conceptualization:

1) Those employees who identify themselves as being high in both job involvement and organizational commitment
will be absent less often and will use medical excuses for reasons for being absent.

2) Those employees who identify themselves as being high in job involvement and low in organizational commitment will use career-related (career-enhancing) reasons for their absences.

3) Those employees who identify themselves as being low in job involvement and high in organizational commitment will express their reasons for being absent in terms of following group norms.

4) Those employees who identify themselves as being low in both job involvement and organizational commitment will exhibit the most absences.

In addition to these hypotheses, this study will also look at a larger set of variables that have been shown in the past to affect absenteeism. The following six hypotheses were generated from previous research:

5) Pay, job satisfaction, organizational commitment, and job involvement will significantly predict frequency of absence.

6) Pay and distributive justice will be significantly related to job satisfaction.

7) Organizational commitment will be significantly related to job satisfaction.

8) Job involvement will be significantly related to job satisfaction.
9) Job satisfaction and opportunity will be predictive of intention to quit (intention to leave).

10) Absenteeism (as measured by frequency) will be correlated to intention to leave.

Method

Subjects
Subjects were 117 licensed registered nurses, licensed vocational nurses, and nurses' assistants who worked in a variety of units in a 311-bed, urban medical center. The sample was a non-random convenience sample. The subjects solicited were volunteers and their participation in the study implied their consent. Their anonymity was assured and protected. All subjects were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1983). Permission to collect data from the medical center was granted in accordance with the research policy of the institution.

Measures
To test the hypotheses, various questions were borrowed from Price and Mueller's (1981) study on nursing turnover, and Price and Mueller's (1986) questionnaire regarding absenteeism and turnover of hospital employees. Other items were written to tap the dimensions of Blau and Boal's (1987) essay, and still others were obtained from Cook, Hepworth, Wall, and Warr (1981). For survey items,
please see Appendix A.

**Job Satisfaction.** Job satisfaction was measured using six items suggested by Price and Mueller (1986), which had a reliability index of .88. They provided evidence for discriminant and convergent validity with these items using factor analysis.

**Job Commitment.** Job commitment was measured using nine items suggested by Price and Mueller (1986). These items represent a short version of the survey items cited by Cook et al. (1981, p. 86) who reported consistently high reliabilities with the instrument ranging from .82 to .93. Price and Mueller reported an alpha of .92 with the short version of this scale. Price and Mueller (1986) also provided evidence for discriminant and convergent validity with this scale using factor analysis.

**Job Involvement.** Job involvement was measured using six items used by Buchanan (1974) and cited in Cook et al. (1981, pp. 88-89). Four of these items were from Lodahl and Kejner's (1965) study which contained 40 items originally. Lodahl and Kejner (1965) reported a reliability coefficient of .72 with the 40-item scale from a sample of 137 nurses. Buchanan (1974) reported a reliability coefficient of .84 for the shortened six-item scale. Cook et al. (1981) reported high correlations across four samples of commitment with job involvement, providing evidence for discriminant validity. They also
suggested that these items have reasonable face validity.

**Opportunity.** Opportunity was measured using two items from Price and Mueller (1986). They reported a coefficient alpha of .83 with this scale. They also used factor analysis to assess convergent and discriminant validity of the measure.

**Distributive Justice.** Distributive justice was measured using four items (i.e. two 2-part items) suggested by Price and Mueller (1986). They reported a reliability index of .85 for these items and, using factor analysis, assessed convergent and discriminant validity of the measure. Three items from Price and Mueller's (1981) study assessing distributive justice by how employees feel about their pay were also used but were dropped after performing a reliability analysis (see Results).

**Blau and Boal's Four-Category Taxonomy.** Blau and Boal's (1987) four-category taxonomy was measured using an item that was developed by the researcher to tap these dimensions. This item appears to have reasonable face validity.

**Pay.** Pay was measured using two items which evaluated both individual (hourly wages) and family incomes. Price and Mueller (1986) suggest that the validity of such single item measures are assessed through construct validation. This is done by determining whether the hypothesized relationships are found after the results are analyzed.
Intention to Leave. Intention to leave (stay) was measured using two items from Price and Mueller's (1981) survey. As with pay, Price and Mueller (1986) suggest that this single item measure is validated through construct validation.

Demographics. Various demographic information was gathered for use in comparisons. These items assessed age, gender, marital status, ethnic origin, job title, length of employment with the hospital, educational level, working status (i.e. part-time or full-time), whether the employee had any children and, if so, if any were of preschool age.

Absenteeism. Absenteeism was measured using two self-report items. These items measured number of absences in the past year and number of absences in the past month.

Procedure

Over a period of three days, this investigator distributed 200 survey packets to the sample population. Subjects were asked to respond to the questionnaires on a voluntary basis. Each survey had attached to it a pre-addressed, postage-paid envelope so it could be mailed directly to the university. The purpose of using individual envelopes for each questionnaire was to protect the confidentiality of the respondents. The survey packets included a cover letter explaining the purpose of the study and the process of anonymity (see Appendix B for a copy of the letter) and one questionnaire that was comprised of the...
above scales. For a copy of the questionnaire as it appeared, see Appendix C. After three weeks only 63 surveys had been returned. An additional 100 surveys (for a total of 300 surveys) were again distributed asking for voluntary participation in this study. This second plea for subjects was successful in generating an additional 54 returned surveys. Thus, 117 usable surveys were returned to the investigator via university mail. In addition, 27 unused surveys that were distributed to the subjects but never filled out, were returned to the researcher. The return of 117 surveys yielded a 43 percent return rate.

Results

Reliability of Measures

Before the raw data were reduced to scale scores, reliability analyses of the individual items which made up the scales were performed. Specifically, basic summary statistics including item means and standard deviations, scale means and standard deviations, and Cronbach's coefficient alpha were computed. The initial results revealed varying coefficient alphas ranging from .25 (low) to .87 (high). The mean alpha was .68 and the median alpha was .84. By deleting some of the items from scales, the final scales produced higher coefficient alphas ranging from .56 to .87. with a mean alpha of .82 and a median alpha of .84. The following scales were analyzed:
Job Satisfaction. This scale consisted of six items. After conducting an item analysis of the scale, no items were deleted from the original scale. The coefficient alpha of the scale was .86 (n=115). Item statistics are in Appendix E.

Organizational Commitment. This scale consisted of nine items. After conducting an item analysis of the scale, no items were deleted from the original scale. The coefficient alpha of the scale was .87 (n=115). Item statistics are in Appendix E.

Job Involvement. This scale consisted of six items originally; however, after an item analysis of the scale was computed (alpha = .56), two of the items were removed from the scale. The coefficient alpha of the final scale was .67 (n=115). Item statistics are in Appendix E.

Job Opportunity. This scale was comprised of two items. The coefficient alpha of the scale was .84 (n=115). Item statistics are in Appendix E.

Distributive Justice. This scale originally consisted of seven items (two 2-part items and three other items) with an alpha of .25. Three individual items were deleted from the scale, leaving the two 2-part items to comprise the scale for a total of four items. The coefficient alpha of the final scale was .84 (n=112). Item statistics are in Appendix E.

Blau and Boal's Four-Category Taxonomy. This scale
was of an ipsative nature and so no item analysis was conducted. Only 10 respondents identified some percentage of each part of the item as an excuse for being absent. Table 1 shows the rank orders for the respondents' reasons for being absent.

**Intention to Leave.** This scale consisted of two items. An item analysis indicated the two items were not measuring the same concept. These dimensions may be of a distal and a proximal nature. Specifically, Item 31 simply asks subjects about their feeling about their future in the hospital (distal) while Item 32 asks specifically whether or not subjects expect to leave the hospital in the near future (proximal). Noting that the average respondent had worked at the hospital for 7.3 years, subjects may have responded in this distal/proximal way under the premise of expecting to continue working at the hospital for the minimum ten years that are required to collect partial retirement benefits. In other words, while subjects may be thinking of leaving the hospital in the future, it may be that they distinguished the future from the near future in this manner, thus resulting in the two dimensions.

For the tests of the hypotheses, both items were used as dependent variables. Item statistics are in Appendix E. Table 2 provides the means and standard deviations for the final scales. The revised scales were used for the planned analyses.
Table 1

Rank Orders for Reasons for Absences

<table>
<thead>
<tr>
<th>Rank</th>
<th>Item 33</th>
<th>Item 34</th>
<th>Item 35</th>
<th>Item 36</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>89</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>17</td>
<td>25</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>10</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>73</td>
<td>81</td>
<td>94</td>
</tr>
</tbody>
</table>

n = 114

1 "Personal illness or illness of a family member."
2 "Time off to pursue career-related goals."
3 "Since other people take off their "personal days" I feel that I should be able to take mine."
4 "I use all of my allowed absences and any other time I can get off as long as I won't get into trouble with hospital rules."
<table>
<thead>
<tr>
<th>Scale Titles (range of values possible)</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range of scores (Scales)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction (6-30)</td>
<td>15.4</td>
<td>4.4</td>
<td>6-30</td>
</tr>
<tr>
<td>Organizational Commitment (9-45)</td>
<td>26.6</td>
<td>6.1</td>
<td>10-45</td>
</tr>
<tr>
<td>Job Involvement (4-20)</td>
<td>15.8</td>
<td>2.5</td>
<td>5-20</td>
</tr>
<tr>
<td>Job Opportunity (2-10)</td>
<td>5.3</td>
<td>1.8</td>
<td>2-10</td>
</tr>
<tr>
<td>Distributive Justice (4-20)</td>
<td>12.5</td>
<td>3.3</td>
<td>4-20</td>
</tr>
<tr>
<td>Intention to Leave (1-5) (Item 31)</td>
<td>3.1</td>
<td>1.0</td>
<td>1-5</td>
</tr>
<tr>
<td>Intention to Leave (1-5) (Item 32)</td>
<td>3.1</td>
<td>1.0</td>
<td>1-5</td>
</tr>
</tbody>
</table>
Descriptive Statistics of the Sample.

Tables 3, 4, and 5 provide descriptive information about the sample. For example, Table 3 shows that the average respondent was 37 years old and had worked at the hospital for about 7.3 years.

Table 4 shows that the average respondent had a yearly family income of over $50,000 and an individual wage of nearly $18 per hour. Also, the average respondent was absent from work about nine times in the past year and just under once a month. Because absence data tend to yield a positively skewed distribution, a test for skewness was run for both absence variables. The distribution using absences in the past year was significantly positively skewed with $z = 20.3, p < .001$. The distribution using absences in the past month was also significantly positively skewed with $z = 26.7, p < .001$.

Table 5 shows that the majority of the respondents were white, married, female registered nurses, having an associate of science degree in nursing, and who worked full-time, 8-hour day shifts. Most of them had children but not of preschool age and they worked in various departments.

The intercorrelations among the predictor variables are presented in Table 6. The intercorrelations among the criterion variables are presented in Table 7.
### Table 3

**Summary Statistics for Age and Years Worked**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>37.0</td>
<td>9.3</td>
<td>23 - 67</td>
</tr>
<tr>
<td>Years worked</td>
<td>7.3</td>
<td>6.2</td>
<td>&lt;1yr - 35</td>
</tr>
<tr>
<td>at the hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variables</td>
<td>Mean</td>
<td>Standard Deviation</td>
<td>Range</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------</td>
<td>--------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Yearly family income (in thousands)</td>
<td>50.6</td>
<td>19.5</td>
<td>20.0 - 100</td>
</tr>
<tr>
<td>Individual hourly wages</td>
<td>17.8</td>
<td>3.3</td>
<td>9.1 - 27</td>
</tr>
<tr>
<td>Absences in past year (days)</td>
<td>8.7</td>
<td>15.3</td>
<td>0 - 99</td>
</tr>
<tr>
<td>Absences in past month (days)</td>
<td>.9</td>
<td>2.4</td>
<td>0 - 21</td>
</tr>
</tbody>
</table>

Table 4

Summary Statistics for Wages and Number of Absences
### Table 5

**Summary Statistics of Demographic Information**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (female)</td>
<td>94.0</td>
</tr>
<tr>
<td>Professional Degree (associate)</td>
<td>65.5</td>
</tr>
<tr>
<td>(baccalaureate)</td>
<td>18.1</td>
</tr>
<tr>
<td>(diploma)</td>
<td>12.9</td>
</tr>
<tr>
<td>(graduate)</td>
<td>3.4</td>
</tr>
<tr>
<td>Marital Status (married)</td>
<td>65.0</td>
</tr>
<tr>
<td>(divorced/separated)</td>
<td>17.0</td>
</tr>
<tr>
<td>(single)</td>
<td>14.0</td>
</tr>
<tr>
<td>(widowed)</td>
<td>4.0</td>
</tr>
<tr>
<td>Children in Family (yes)</td>
<td>69.2</td>
</tr>
<tr>
<td>Preschool Children in Family (no)</td>
<td>74.4</td>
</tr>
<tr>
<td>Ethnic Origin (White)</td>
<td>84.6</td>
</tr>
<tr>
<td>(Black)</td>
<td>5.1</td>
</tr>
<tr>
<td>(Hispanic)</td>
<td>5.1</td>
</tr>
<tr>
<td>(Asian)</td>
<td>5.1</td>
</tr>
<tr>
<td>Full-time</td>
<td>73.5</td>
</tr>
<tr>
<td>Part-time</td>
<td>26.5</td>
</tr>
<tr>
<td>Registered Nurse (R.N.)</td>
<td>94.0</td>
</tr>
<tr>
<td>Licensed Vocational Nurse (L.V.N.)</td>
<td>4.3</td>
</tr>
<tr>
<td>Other</td>
<td>1.7</td>
</tr>
</tbody>
</table>
Table 5 (continued)

<table>
<thead>
<tr>
<th>Shift Worked</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8-hour)</td>
<td>58.1</td>
</tr>
<tr>
<td>(10-hour)</td>
<td>14.5</td>
</tr>
<tr>
<td>(12-hour)</td>
<td>27.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of Day Worked</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(day)</td>
<td>57.3</td>
</tr>
<tr>
<td>(evening)</td>
<td>23.9</td>
</tr>
<tr>
<td>(night)</td>
<td>18.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department worked</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(minimum 5%)</td>
<td></td>
</tr>
<tr>
<td>(ICU/CCU)</td>
<td>21.1</td>
</tr>
<tr>
<td>(Floor/float)</td>
<td>12.3</td>
</tr>
<tr>
<td>(Ortho/Neuro)</td>
<td>7.9</td>
</tr>
<tr>
<td>(Labor/Delivery)</td>
<td>7.9</td>
</tr>
<tr>
<td>(Ob-Gyn)</td>
<td>7.0</td>
</tr>
<tr>
<td>(Telemetry)</td>
<td>6.1</td>
</tr>
<tr>
<td>(Maternity/Child health)</td>
<td>5.3</td>
</tr>
<tr>
<td>(Medical/Surgical)</td>
<td>5.3</td>
</tr>
<tr>
<td>(Pediatrics)</td>
<td>5.3</td>
</tr>
<tr>
<td>(Other)</td>
<td>21.8</td>
</tr>
</tbody>
</table>
Table 6

Intercorrelations Among the Predictor Variables

<table>
<thead>
<tr>
<th></th>
<th>Orgcom</th>
<th>Jobinv</th>
<th>Jobopp</th>
<th>Disjus</th>
<th>Disjus1</th>
<th>Disjus2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jobsat</td>
<td>.5650</td>
<td>.3359</td>
<td>-.1857</td>
<td>.1742</td>
<td>.3777</td>
<td>-.2352</td>
</tr>
<tr>
<td></td>
<td>(115)</td>
<td>(114)</td>
<td>(115)</td>
<td>(109)</td>
<td>(111)</td>
<td>(113)</td>
</tr>
<tr>
<td>p</td>
<td>.00</td>
<td>.00</td>
<td>.02</td>
<td>.04</td>
<td>.00</td>
<td>.01</td>
</tr>
<tr>
<td>Orgcom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jobinv</td>
<td>-.0737</td>
<td>.1780</td>
<td>.3216</td>
<td>-.2171</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(114)</td>
<td>(108)</td>
<td>(110)</td>
<td>(112)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p</td>
<td>.22</td>
<td>.03</td>
<td>.00</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jobopp</td>
<td>-.1680</td>
<td>-.3118</td>
<td>.1890</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(110)</td>
<td>(112)</td>
<td>(114)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p</td>
<td>.04</td>
<td>.00</td>
<td>.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disjus</td>
<td></td>
<td>.6579</td>
<td>.3318</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(110)</td>
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<tr>
<td>p</td>
<td>.00</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disjus1</td>
<td></td>
<td>-.4922</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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<tr>
<td>p</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Note: Jobsat = job satisfaction, Orgcom = organizational commitment, Jobinv = job involvement, Jobopp = job opportunity, Disjus = distributive justice (all seven items from original scale), Disjus1 = distributive justice (two 2-part items from original scale used for further analyses), Disjus2 = distributive justice (three items deleted from original scale).

( ) = n
### Table 7

**Intercorrelations Among the Criterion Variables**

<table>
<thead>
<tr>
<th></th>
<th>Intent (# 2)</th>
<th>Yearly Absence</th>
<th>Monthly Absence</th>
<th>Log Yearly</th>
<th>Log Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent (# 1)</td>
<td>-.6325</td>
<td>.0644</td>
<td>.0544</td>
<td>.2073</td>
<td>.1720</td>
</tr>
<tr>
<td>(117)</td>
<td>p=.00</td>
<td>(115)</td>
<td>(116)</td>
<td>(115)</td>
<td>(116)</td>
</tr>
<tr>
<td></td>
<td>-.0587</td>
<td>-.0383</td>
<td>-.1123</td>
<td>-.0972</td>
<td></td>
</tr>
<tr>
<td>(115)</td>
<td>p=.27</td>
<td>(116)</td>
<td>(115)</td>
<td>(116)</td>
<td></td>
</tr>
<tr>
<td>Yearly Absence</td>
<td>.5032</td>
<td>.7707</td>
<td>.3985</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(115)</td>
<td>p=.00</td>
<td>(115)</td>
<td>(115)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Absence</td>
<td>.4142</td>
<td>.8424</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(115)</td>
<td>p=.00</td>
<td>(116)</td>
<td>(115)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Log Yearly</td>
<td>.4624</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(115)</td>
<td>p=.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Intent (# 1) = Item 31, Intent (# 2) = Item 32, Yearly Absence = untransformed yearly absences, Monthly Absence = untransformed monthly absences, Log Yearly = logarithmic transformed yearly absences, Log Monthly = logarithmic transformed monthly absences.

( ) = n
As can be seen from Table 6, the distributive justice scales (Disjus1 and Disjus2) appear to be measuring two different aspects of the distributive justice scale. Also, if job opportunity is high then it makes sense that subjects would be dissatisfied with items asking about how they feel about the pay and fringe benefits they receive because they perceive opportunities for better work elsewhere. Regarding job satisfaction, it is not surprising to find that those who are satisfied are committed to and involved with their jobs. They may feel that there are no better opportunities elsewhere because they are not looking for another job; that is, they are satisfied where they are now.

As can be seen from Table 7 the intention to leave variables are negatively correlated to each other so it is no surprise to find that their relationships to the absence variables are in opposition too. All absence variables are related to one another, to no surprise. Another noteworthy observation from Table 7 is that Item 31 was not significantly related to yearly absence but was significantly related to the transformed yearly absence. This result suggests that the relationship between these variables is also logarithmic in nature. What this indicates is that a small change in units on the intention to leave scale may correspond into a large effect on absences. It is also possible, however, that this result
is simply a statistical artifact.

Tests of Hypotheses

Hypotheses 1, 2, 3, 4. Blau and Boal's hypotheses were analyzed in two ways. First, following Whaley (1988), a 2-way ANOVA using categorized values of job involvement and job commitment was conducted (categories are explained below). The transformed frequency of absence was the dependent variable. Second, a multiple regression was run using the continuous data for job involvement and job commitment. Again, the transformed frequency of absence was the dependent variable.

Construct Validation. Before testing the Blau and Boal hypotheses, the validity of the construct was investigated. First, the reasons people gave for being absent were categorized into four categories. The four categories were medical, career-related (Blau and Boal referred to this as career-enhancing), normative, and maximum absences. For example, people who had listed more than 50% of their absences as "Personal illness or illness of a family member" were classified into "medical". Then, following Blau and Boal's typology, job involvement and commitment scales scores were used to categorize subjects into "institutional stars", "lone wolves", "corporate citizens", and "apathetic employees". For example, subjects with above median scores on both involvement and commitment were categorized as "institutional stars".

48
Subjects with above median scores on involvement and below median scores on commitment were categorized as "lone wolves". Subjects with below median scores on involvement and above median scores on commitment were categorized as "corporate citizens". Finally, subjects with below median scores on both involvement and commitment were categorized as "apathetic employees". If Blau and Boal are correct, the reasons people gave for absences should correspond to Blau and Boal's typologies. For example, "lone wolves" should typically describe the reason for their absences as "career-related". Table 8 shows the number of subjects who used each of the reasons for absence compared to Blau and Boal's typologies.

As can be seen from Table 8 there was little correspondence between reasons given for an absence and Blau and Boal's typologies based on commitment and involvement. A chi-square was not performed because the expected frequencies for nine of the twelve cells were less than five. Most people, regardless of Blau and Boal's typologies, indicated they were absent for medical reasons.

Although this overall examination did not reveal evidence for Blau and Boal's typology, this analysis did not answer the question of whether a specific typology may have responded in the expected direction. To examine each typology individually, four one-way analyses of variance were conducted using the percentage of each reason for
<table>
<thead>
<tr>
<th>Blau and Boal's Typologies</th>
<th>Reason for Absence</th>
<th>Maximum absences</th>
<th>Career-related</th>
<th>Normative</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathetic Employee</td>
<td></td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Corporate Citizen</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Lone Wolf</td>
<td></td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Institutional star</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>32</td>
</tr>
</tbody>
</table>
absences as dependent variable against the Blau and Boal typologies as independent variables. The results of these analyses were as follows: using Item 33 ("Personal illness or illness of a family member.") as the dependent variable, $F(3,113) = 0.16, p = .92$; using Item 34 ("Time off to pursue career-related goals.") as the dependent variable, $F(3,113) = 1.52, p = .21$; using Item 35 ("Since other people take off their "personal days" I feel that I should be able to take mine.") as the dependent variable, $F(3,113) = 0.25, p = .86$; using Item 36 ("I use all of my allowed absences and any other time I can get off as long as I won't get into trouble with hospital rules.") as the dependent variables, $F(3,113) = 0.76, p = .52$. Therefore, no analysis found support for Blau and Boal's conceptual argument that different typologies have different reasons for their absences.

**Analysis of Variance.** Using Blau and Boal's typologies as independent variables, one-way analyses of variance were run using the transformed yearly and monthly absences as the dependent variables. These analyses yielded the following results: $F(3, 108) = 0.94, p = .42$, for yearly absences and $F(3, 109) = 0.75, p = .53$, for monthly absences. Logarithmic means of yearly and monthly absences by Blau and Boal's typologies are presented in Tables 9 and 10. In parentheses are the original means that the logarithmic transformations are based upon.
Table 9

Logarithmic Means of Yearly Absences by Blau and Boal's Typologies

<table>
<thead>
<tr>
<th></th>
<th>Institutional stars</th>
<th>Lone Wolves</th>
<th>Corporate Citizens</th>
<th>Apathetic Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearly Absence</td>
<td>.78</td>
<td>.73</td>
<td>.91</td>
<td>.74</td>
</tr>
<tr>
<td>(Mn)</td>
<td>(8.41)</td>
<td>(9.71)</td>
<td>(9.73)</td>
<td>(8.25)</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>.39</td>
<td>.47</td>
<td>.30</td>
<td>.38</td>
</tr>
<tr>
<td>(Mn)</td>
<td>(14.77)</td>
<td>(19.53)</td>
<td>(10.21)</td>
<td>(16.94)</td>
</tr>
<tr>
<td>Number of employees</td>
<td>44</td>
<td>21</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Grand mean = .78</td>
<td>(8.84)</td>
<td>n = 112</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Note: ( ) = untransformed means and standard deviations]
Table 10

Logarithmic Means of Monthly Absences by Blau and Boal's Typologies

<table>
<thead>
<tr>
<th></th>
<th>Institutional stars</th>
<th>Lone Wolves</th>
<th>Corporate Citizens</th>
<th>Apathetic Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Absence (Mn)</td>
<td>.23 (1.05)</td>
<td>.18 (1.48)</td>
<td>.16 (.63)</td>
<td>.14 (.72)</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>.25 (1.58)</td>
<td>.33 (4.56)</td>
<td>.21 (.90)</td>
<td>.24 (1.91)</td>
</tr>
<tr>
<td>Number of employees</td>
<td>44</td>
<td>21</td>
<td>19</td>
<td>29</td>
</tr>
</tbody>
</table>

Grand mean = .18
n = 113
(1.97)

[Note: ( ) = untransformed means and standard deviations]
Another analysis of variance was run using a median split of involvement and commitment (cf. Whaley, 1988) with transformed yearly and monthly absences as dependent variables. Subjects who scored at or above the median values were categorized as high on that characteristic and if they scored below the median values they were categorized as low on that characteristic. Similarly, Whaley (1988) categorized subjects who scored above the median values as high and those who scored below the median values as low. This analysis yielded the following results: \( F(1, 108) = 0.85, p = .36 \), for job involvement and yearly absences, \( F(1, 108) = 1.89, p = .17 \), for job commitment and yearly absences, \( F(1, 108) = 2.06, p = .16 \), for job involvement and monthly absences, and \( F(1, 108) = 1.06, p = .31 \), for job commitment and monthly absences. Means of transformed yearly and monthly absences using median values of involvement and commitment are presented in Tables 11 and 12.

Regression Analysis. Two multiple regression analyses using an interaction term of commitment*involvement were also run. The variables in the first regression were the transformed yearly absence variable as the dependent variable against job involvement, organizational commitment, and the interaction term commitment*involvement as the independent variables. The variables in the second regression were the transformed monthly absence as the
Table 11
Logarithmic Means with Yearly Absence as Dependent Variable in ANOVA

<table>
<thead>
<tr>
<th></th>
<th>High commitment</th>
<th>Low commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>High involvement</td>
<td>0.78 (n = 44)</td>
<td>0.73 (n = 21)</td>
</tr>
<tr>
<td>Low involvement</td>
<td>0.91 (n = 19)</td>
<td>0.74 (n = 28)</td>
</tr>
<tr>
<td>Grand mean</td>
<td>0.78</td>
<td>0.78</td>
</tr>
<tr>
<td>n</td>
<td>112</td>
<td>112</td>
</tr>
</tbody>
</table>
Table 12

Logarithmic Means with Monthly Absence as Dependent Variable in ANOVA

<table>
<thead>
<tr>
<th></th>
<th>High commitment</th>
<th>Low commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>High involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.23</td>
<td>0.18</td>
<td></td>
</tr>
<tr>
<td>(n = 44)</td>
<td>(n = 21)</td>
<td></td>
</tr>
<tr>
<td>Low involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.16</td>
<td>0.10</td>
<td></td>
</tr>
<tr>
<td>(n = 19)</td>
<td>(n = 28)</td>
<td></td>
</tr>
<tr>
<td>Grand mean = 0.18</td>
<td>n = 112</td>
<td></td>
</tr>
</tbody>
</table>
dependent variable, against job involvement, organizational commitment, and the interaction term commitment*involvement as the independent variables. The regression analyses confirmed the ANOVA results. When the transformed yearly absence was the dependent variable, $F(3, 108) = 1.46, \ p = .23, \ R = .20$ (all variables entered), and when the transformed monthly absence was the dependent variable, $F(3, 109) = 2.03, \ p = .11, \ R = .23$ (all variables entered). Individual effects (i.e. commitment, involvement and the interaction term) were tested by a stepwise regression and none of the individual effects were significant.

**Hypothesis Five.** It was theorized that pay, job satisfaction, organizational commitment, and job involvement would predict frequency of yearly absence. The regression of both yearly and hourly pay, job satisfaction, organizational commitment, and job involvement against frequency of absence (in the past year) yielded an $R$ square of .05 (Adjusted $R$ square = .01), n.s. As noted earlier, the absence variables were positively skewed. A logarithmic transformation yielded the most normal plots and those variables were also used as dependent variables in a regression. The regression of both yearly and hourly pay, job satisfaction, organizational commitment, and job involvement against the transformed frequency of absence in the past year yielded an $R$ square of .04 (Adjusted $R$ square = -.01), n.s.
Hypothesis Six. It was theorized that pay and
distributive justice would be related to job satisfaction.
A Pearson Product Moment Correlation was calculated to
estimate the relationship between pay (both yearly and
hourly) and job satisfaction and between distributive
justice and job satisfaction. The correlations between pay
(yearly) and job satisfaction, and between pay (hourly) and
job satisfaction, and between distributive justice and job
satisfaction were $r = -0.07$, n.s., $r = -0.03$, n.s., and $r = 0.38$
($p < 0.001$), respectively. The correlations between pay
(yearly) and distributive justice and between pay (hourly)
and distributive justice were $r = -0.11$, n.s., and $r = -0.11$,
n.s., respectively.

Hypothesis Seven. It was theorized that
organizational commitment would be significantly related to
job satisfaction. A Pearson Product Moment Correlation
between these two variables yielded a significant
relationship, $r = 0.57$ ($p < 0.001$).

Hypothesis Eight. It was hypothesized that job
involvement and job satisfaction would be significantly
related to one another. A Pearson Product Moment
Correlation supported this claim, $r = 0.34$ ($p < 0.001$).

Hypothesis Nine. It was hypothesized that job
satisfaction and (job) opportunity would be predictive of
intention to leave. Using intention to leave (2-item
scale) as the dependent variable, a multiple regression
analysis was calculated. This yielded an $R^2$ of .03 (Adjusted $R^2 = .01$), n.s.

**Feelings About Future at Hospital.** Because the item analysis had indicated two dimensions to this scale, further analyses were conducted using the two items comprising the intention to leave scale, individually. Specifically, one regression equation examined the predictors job satisfaction and (job) opportunity when Item 31 ("Which of the following statements most clearly reflects your feelings about your future in the hospital?") was the dependent variable. The stepwise regression yielded a significant $R^2 = .22$ (Adjusted $R^2 = .21$), $F(1, 113) = 31.8$, $p < .001$, for job satisfaction, and a significant $R^2 = .26$ (Adjusted $R^2 = .24$), $F(2, 112) = 19.4$, $p < .001$ for both job satisfaction and (job) opportunity. Table 13 summarizes the predictors of intention to leave using Item 31 as the dependent variable. Table 14 summarizes the predictors of intention to leave using Item 32 as the dependent variable. As can be seen from Table 13 the best predictor of intention to leave is job satisfaction. It accounts for about 18% of the 26% of variance. As can be seen from Table 14 the best predictor for intention to leave is job satisfaction. It accounts for about 12% of the 16% variance.

**Expect to Leave the Hospital.** Further, a second
Table 13

Predictors of Intention to Leave (Item 31)

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>b</th>
<th>(Semi-Partial Corr²)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>.102</td>
<td>.18</td>
<td>27.1*</td>
</tr>
<tr>
<td>Job Opportunity</td>
<td>-.117</td>
<td>.04</td>
<td>5.8**</td>
</tr>
<tr>
<td>Intercept</td>
<td>2.146</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R² = .258  
*p = .0001  
**p = .02
Table 14

Predictors of Intention to Leave (Item 32)

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Unique variance accounted for</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unique variance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Semi-Partial Corr^2)</td>
<td></td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>-.079</td>
<td>.12</td>
</tr>
<tr>
<td>Job Opportunity</td>
<td>.067</td>
<td>.01</td>
</tr>
<tr>
<td>Intercept</td>
<td>3.987</td>
<td></td>
</tr>
</tbody>
</table>

R^2 = .159

*p = .0001

**p (n.s.)
regression was computed which examined the predictors job satisfaction and (job) opportunity when the second item (Item 32) from the two-item intention to leave scale ("Do you expect to leave the hospital in the near future?") was the dependent variable. The stepwise regression yielded a significant $R^2 = .14$ (Adjusted $R^2 = .14$), $F(1, 113) = 19.1, p < .001$ for job satisfaction, and a significant $R^2 = .16$ (Adjusted $R^2 = .14$), $F(2, 112) = 10.6, p < .001$ for both job satisfaction and (job) opportunity.

**Hypothesis Ten.** It was theorized that absenteeism (as measured by frequency) would be correlated with intention to leave. A regression equation was calculated using the logarithmic transformed frequency of absence (in the past year) as the dependent variable against the two-item intention to leave scale (Item 31 and Item 32) yielded an $R^2 = .01$ (adjusted $R^2 = .01$), n.s. Again, the two items comprising the intention to leave scale were examined individually using the transformed frequency of absence in the past year as the dependent variable. The results using Item 31 as the dependent variable yielded a significant but small $R^2 = .04$ (Adjusted $R^2 = .03$), $F(1, 113) = 5.07, p = .03$. The results using Item 32 as the dependent variable yielded an $R^2 = .01$ (Adjusted $R^2 = .003$), n.s.
Discussion

The primary objective of this study was to isolate the variables (if any) that could be used to predict absenteeism among hospital nurses. This was done by examining the constructs of pay, intention to leave (or stay), job satisfaction, organizational commitment, and job involvement against the model proposed by Blau and Boal (1987). A secondary concern was to investigate the Blau and Boal typology. All variables were examined using the survey method.

Support for Hypotheses

Blau and Boal's Model. Blau and Boal (1987) presented a good conceptual model of how job involvement and organizational commitment may affect absenteeism behavior. It is possible, however, that the reason that this study was unable to provide support for their model is because subjects simply responded in a way that they felt was "safe"; that is, most subjects attributed a large percentage to the medical reason for being absent. This is a "safe" reason given that subjects could argue that they wouldn't want to expose an already sick patient to their own ailment by going to work. Therefore, even though subjects may have been classified into one of Blau and Boal's four categories, the medical excuse may have provided the most "acceptable" reason for subjects to miss
work. Further evidence for this was found from the analyses of variance which indicated that regardless of their typology, subjects reported medical reasons for their absenteeism in most cases.

Regarding Blau and Boal's (1987) essay, there was no evidence to support their conceptualization. This was consistent with Whaley's (1988) findings which also indicated no support for the Blau and Boal model. As previously mentioned, most nurses in this study cited medical reasons for missing work (i.e. personal illness or illness of a family member) regardless of the typologies suggested by Blau and Boal (1987). According to Eisenberger, et al. (1986), frequency of absence refers to the total number of days one is absent from work and is assumed to reflect one's attitudes about the job while duration of absence refers to blocks of one or more consecutive days and is assumed to reflect medical reasons for absences. It would be useful for future researchers to measure duration of absence for this reason. It would also be useful to match actual surveys with organizational records as a check for accuracy. Organizational records of these data were unavailable for this study.

General Hypotheses. The notion that job satisfaction influences employee attitudes is not a new concept. Several researchers, including Herzberg (1968), have identified factors that are intrinsic to the job and may be
the primary causes of satisfaction. They are achievement, recognition for achievement, the work itself, responsibility, and growth or advancement. Pfaff (1987) added that factors affecting job satisfaction among registered nurses also include such factors as salary, job security, peer interaction, agency policies, job environment, and supervisor/staff relationships. Further, Timmreck and Randall (1981) reported that job attitudes are assumed to result from the characteristics of the job as well as from the job situation. That is, when there exists "...compatibility between a person's needs and the characteristics of the job, the person is satisfied..." (p.28). An employee's desire to come to work is influenced by job satisfaction and the pressure to attend (Steers & Rhodes, 1980).

It was theorized that pay (both yearly and hourly), job satisfaction, organizational commitment, and job involvement would predict frequency of absence. There was no support for this from the analyses. Also, it was hypothesized that both yearly and hourly pay, and distributive justice would be related to job satisfaction. However, there was support only for a significant relationship between distributive justice and job satisfaction. Maybe the subjects felt that, on average, they are paid competitively with other hospitals in the area and that dissatisfaction results from the work
environment. For example, one subject reported that "...(pay) monetary rewards aren't always the answer...dissatisfaction occurs when we're understaffed."

**Intention to Leave.** Not surprisingly, there was a significant relationship between organizational commitment and job satisfaction. Those who were committed to the organization appeared to be satisfied with their jobs. The same was true among those who felt high involvement with their jobs; that is, they were satisfied with their jobs too. Job satisfaction was a better predictor of intention to leave than was one's perceived opportunity to find another job that was as good or better than his or her current job. So, if intention to leave is a good predictor of future turnover, then it is necessary to examine those variables which indicate that employees are satisfied with their jobs and to remedy those situations which lead to job dissatisfaction.

Although the correlation was small ($R^2 = .03$), there was some evidence to suggest that those nurses who indicated that they would probably leave the hospital in the future tended to be absent more often than those who stated that they were less likely to leave the hospital in the future. Also, the results of this study suggest that there may exist a logarithmic relationship between intention to leave and yearly absence. As reported earlier, Item 31 from the intention to leave scale was not
significantly related to yearly absence but was significantly related to the transformed yearly absence. This suggests the possibility that a small change on the intention to leave scale may have a logarithmic effect on absences; that is, the small change on the intention to leave scale may result in a large effect on absenteeism behavior.

If job satisfaction is a good predictor of intention to leave and absenteeism is related to intention to leave, then we can speculate that absenteeism and job satisfaction may be related to each other. It is logical to assume that absenteeism and job satisfaction are related to each other. However, there is no empirical support for this assumption from this study. Price and Mueller (1986) offer a possible explanation for this. They suggest that the use of questionnaire items is a subjective method of measuring objective concepts. However, they go on to argue that, ultimately, objective measures such as records and observations are just as subjective as questionnaire items because they must be interpreted. Therefore, it may be that the subjectivity of the items resulted in various interpretations by the subjects which, in turn, affected the measures of the constructs.

Why Nurses are Absent

Subjects in this study were permitted to write in any comments or ideas they had relevant to the study. The two
most frequently cited complaints affecting job satisfaction were the problems of the understaffing of the nursing units, and the voluminous amounts of paperwork that is assigned to be completed during each shift. This paperwork consists of charting all nursing care procedures rendered and the outcomes of those procedures. Subjects were also asked to write in any reasons they were absent from work which were not covered in the survey items (see Question 17 of the survey in Appendix C). Paperwork and understaffing were cited by subjects for taking off "mental health" or "stress" days from work as fatigue became a factor. For example, one subject reported that "...(because of) poor staffing (I'm) overworked (and) wornout"

Some less frequent reasons given for being absent from work included reasons such as moving, waiting at home for a repairman, and the inability to obtain babysitters. These responses were consistent with other research that stated that women (recall that most nurses are women) may be absent from work for these very reasons (e.g. Cannavo, 1970). Several subjects, for example, reported that they didn't go to work because they "...couldn't find a babysitter". Transportation problems, and bad weather conditions were other reasons cited by subjects which are consistent with the research by Felt (1982) and the model presented by Steers and Rhodes (1980) regarding employees' inability to attend work.
How does the yearly absence of the nurses in this sample compare to national averages? Dilts et al. (1985) reported that the amount of time lost to absenteeism is approximately 3.2% of all scheduled work hours or about nine days per employee per year, which is comparable to the figures shown in Table 9. Although the ideal amount of "no absences" is unobtainable, Dilts et al. (1985) suggest that the amount of 3% is often mentioned as the accepted "right" amount. However, even this amount is subject to debate.

Dilts et al. (1985) also reported data from 1979 which suggests that the health care industry suffers from an inactivity rate of 2.5% of scheduled work time. Based on a five-day 40-hour work week this comes out to approximately 6.5 absent days per year which is slightly less than the figures presented in Table 9. Later, Steers and Rhodes (1984) reported that this rate of inactivity in the health care industry had declined to a more acceptable 2.1% after 1983 as a result of the national unemployment rates since that time. This figures out to approximately 5.5 absent days per year based on a five-day 40-hour work week.

Rowland (1984) reported the results of a study that indicated that registered nurses are absent about 2.7% of the time or roughly seven days a year based on a five-day, 40-hour work week. Nine or more days in a six month period would be considered excessive or at least above average (Rowland, 1984). The figures in Table 9 of approximately
(Rowland, 1984). The figures in Table 9 of approximately nine absent days per year are not really bad (on average) relative to other industries, but they are much higher than the 2.1 to 3.0% range that is recommended as "acceptable".

**Practical Considerations: What Might This Hospital Do?**

The results of this study indicate two areas in the hospital where action must take place. The first area is understaffing. This problem resulted in more complaints among the subjects than any other area. Administration needs to find a way to staff the nursing units more adequately. A solution to this problem would be simply to hire more help. Although there may be a shortage of nurses at the present time, the hospital can still hire more nurses' aides and ward clerks to "pick up the slack". These persons can help to free up the nurses' time by performing many of the functions that nurses in understaffed situations find themselves having to do. For example, nurses' aides and ward clerks could perform duties such as going to the pharmacy for medications, taking specimens to the laboratory for analysis, going to the supply department to gather out-of-stock nursing supplies (e.g. bandages, bedpans, pre-made intravenous solutions), and answering and screening telephone calls.

The second area is the amount of paperwork that nurses are required to do each shift. The problem here is that this is such a time-consuming task. Charting nursing care
procedures rendered and the outcomes of those procedures is a necessary function that must be performed, but some of the time burdens need to be removed from the nurses. A possible solution to this problem would be to investigate the feasibility and cost-effectiveness of implementing a computerized charting system for the nurses to help them expedite their charting responsibilities, thus allowing for more time to tend to patient needs.

It is also important for the hospital to consider ways to save money by reducing absenteeism. Although it is unreasonable to think that this problem can be eliminated, it is reasonable to explore avenues that will help to control the absenteeism problem. Appendix F outlines several strategies designed to control absenteeism and it is suggested here that administration may want to review them.

Limitations of This Study.

It should be noted here that this method of research is not without its flaws, the most notable of which is reactivity (Campbell & Stanley, 1966; also see Zeller & Carmines, 1980). Reactivity occurs when a subject is aware of the fact that he or she is being tested. This awareness may confound the data because subjects being "tested" may feel that they must make a good impression on the investigator. The "...probability of bias is high in any study in which a respondent is aware of his subject
status." (Webb, Campbell, Schwartz, & Sechrest, 1966, p. 13). Campbell and Stanley (1966) claim that it is only when the subject is unaware of the measure being used that reactivity is removed from the situation. Webb et al. (1966) discuss at length the problems of questionnaires "intruding" into the social setting and creating as well as measuring attitudes. Specifically, questionnaires "...are limited to those who are accessible and will cooperate, and the responses obtained are produced in part by dimensions of individual differences irrelevant to the topic at hand" (Webb et al. 1966, p. 1). There also exists the potential for response set biases to develop with survey research. For example, respondents may tend to agree with a statement more frequently than they will disagree with its opposite (Webb et al., 1966). Also, respondents may try to give answers that they think the researcher is looking for. This is the social desirability problem discussed by Ackoff (1953). Despite these problems, Webb et al. (1966), contend that the questionnaire is still a particularly good method of research because it permits the investigator to replicate his or her own research or someone else's research.

Finally, there is a possible explanation for why some of the correlations in this study were not particularly high. It is likely that individual differences played a role here. Hackett, Bycio, and Guion (1989) reported that
differences in individual work ethic and/or individual values might explain why some individuals react to the desire to be absent from work more readily than others. They indicated that one of the problems in doing absenteeism studies is that using a nomothetic approach is prone to not finding relationships when they truly exist among individuals in the group. Although they found some modest correlations for the whole group, they were unable to capture why individual nurses were being absent from work even though they had access to actual absence records and reports from subjects that ill health was the strongest correlate of absenteeism in their study.

Summary.

The strategies discussed above include several overlapping ideas which indicates the similarities among them. The research indicates that these strategies can be helpful in theory and in application in controlling absence behavior to some extent. No one strategy can be expected to be appropriate in all instances but by maximizing their individual strengths and by minimizing their individual weaknesses, managers may be able to significantly reduce absenteeism in the workplace.
APPENDIX A

$\textbf{Items Within Their Dimensions}$

(Items within their dimensions: not as the survey appeared)

$\textbf{Job Satisfaction}$

Listed below are some statements asking how you feel about your job and the hospital for which you work. Using the scale below please indicate how much you agree or disagree with each statement by circling the number that best describes how you feel.

<table>
<thead>
<tr>
<th>Strongly Agree (SA)</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I find real enjoyment in my job.  
2. I like my job better than the average worker does.  
3. I am seldom bored with my job.  
4. I would not consider taking another job.  
5. Most days I am enthusiastic about my job.  
6. I feel fairly well satisfied with my job.
Job Commitment

Listed below are some statements asking how you feel about your job and the hospital for which you work. Using the scale below please indicate how much you agree or disagree with each statement by circling the number that best describes how you feel.

<table>
<thead>
<tr>
<th>Strongly Agree (SA)</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I am willing to put in a great deal of effort beyond that normally expected in order to help this hospital be successful. 1 2 3 4 5
2. I talk up this hospital to my friends as a great hospital to work for. 1 2 3 4 5
3. I would accept almost any type of job assignment in order to keep working for this hospital. 1 2 3 4 5
4. I find that my values and the hospital's values are very similar. 1 2 3 4 5
5. I am proud to tell others that I am part of this hospital. 1 2 3 4 5
6. This hospital really inspires the very best in me in the way of job performance. 1 2 3 4 5
7. I am extremely glad that I chose this hospital to work for over others I was considering at the time I joined. 1 2 3 4 5
8. I really care about the fate of this
9. For me this is the best of all possible hospitals for which to work.

Job Involvement

Listed below are some statements asking how you feel about your job and the hospital for which you work. Using the scale below please indicate how much you agree or disagree with each statement by circling the number that best describes how you feel.

<table>
<thead>
<tr>
<th>Strongly Agree (SA)</th>
<th>Agree (A)</th>
<th>Neither Agree nor Disagree (N)</th>
<th>Disagree (D)</th>
<th>Strongly Disagree (SD)</th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. The major satisfaction in my life comes from my job.

2. I do what my job description requires: this organization does not have the right to expect more.

3. I don't mind spending a half-hour past quitting time if I can finish a task.

4. The most important things that happen to me involve my work.

5. I live, eat, and breathe my job.

6. Most things in life are more important than my work.
2. How easy would it be for you to find a job with another employer in this geographical area that is as good as the one you now have? (circle one)

Very  Quite  Somewhat  Quite  Very
easy    easy    easy    difficult  difficult

3. How easy would it be for you to find a job with another employer in this geographical area that is better than the one you now have? (circle one)

Very  Quite  Somewhat  Quite  Very
easy    easy    easy    difficult  difficult
Distributive Justice

6. When compared to other employees in the hospital where you work, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards? (Rewards are fairly distributed if they are related to effort, training, and experience: the more effort, training, and experience, the more rewards there should be.) Using the scale below circle the number that best describes how you feel. Use this scale for Questions 6 and 7.

<table>
<thead>
<tr>
<th>Very fair</th>
<th>Quite fair</th>
<th>Some fairness</th>
<th>Very little fairness</th>
<th>No fairness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

A. Amount of money directly received: 1 2 3 4 5
B. Fringe benefits: 1 2 3 4 5

7. When compared to other employees who do not work in hospitals, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards?

A. Amount of money directly received: 1 2 3 4 5
B. Fringe benefits: 1 2 3 4 5
8. Compared to the effort that you put into your job, how do you feel about the pay you receive in the hospital? (check one)
   ( ) Compared with the effort, my pay is very poor
   ( ) Poor
   ( ) About right
   ( ) Good
   ( ) Compared with the effort, my pay is very good

9. Compared to the effort that other nurses in the hospital put into their jobs, how do you feel about the pay you receive in the hospital? (check one)
   ( ) Compared with the effort of other nurses, my pay is very good
   ( ) Good
   ( ) About right
   ( ) Poor
   ( ) Compared with the effort of other nurses, my pay is very poor
10. How do you feel about the pay you receive in the hospital compared to the contribution that you make toward its operation? (check one)

( ) Compared to my contribution, my pay is very poor
( ) Poor
( ) About right
( ) Good
( ) Compared to my contribution, my pay is very good
Blau and Boal's Four-Category Taxonomy

15. Listed below are some possible reasons why people are absent from work. Using a total of 100% please assign the percentage of time you miss work for each of the following reasons. If, for example, you have never missed work for illness, then you should write in 0% for personal or family illness. Then, you would have 100% to allocate to the remaining three reasons for missing work. Please make sure the total percentage equals 100.

___ Personal illness or illness of a family member
___ Time off to pursue career-related goals (e.g. taking courses to get promoted on the job)
___ Since other people take off their "personal days" I feel that I should be able to take mine
___ I use all of my allowed absences and any other time I can get off as long as I won't get into trouble with hospital rules

= 100% (total)
16. If some percentage of your absence in the previous question was personal illness or illness of a family member, please tell us what percentage of these absences were personal and what percentage were illness of a family member. Please make sure the total percentage equals 100.

___ Personal illness
___ Illness of a family member

= 100% (total)

Pay

4. Roughly, what is your total hourly income from nursing before taxes and other deductions are made?

$__________ dollars per hour (fill in the blank)

5. Roughly, what is the total yearly income before taxes and other deductions of your immediate family including your own income, the income of everyone else in the family who works, and income from any other source?

$__________ dollars per year (fill in the blank)
11. Which of the following statements most clearly reflects your feelings about your future in the hospital? (check one)

( ) Definitely will not leave
( ) Probably will not leave
( ) Uncertain
( ) Probably will leave
( ) Definitely will leave

12. Do you expect to leave the hospital in the near future? (check one)

( ) Will definitely leave in the near future
( ) The chances are quite good that I will leave
( ) The situation is uncertain
( ) The chances are very slight that I will leave
( ) Definitely will not leave in the near future
Demographic Items

18. What is your sex? (circle one) Female Male

19. How old are you? ________ years (fill in the blank)

20. How much professional schooling in nursing have you had? (check one)

( ) Associate degree ( ) Diploma
( ) Baccalaureate ( ) Graduate degree(s)

21. What is your present marital status? (check one)

( ) Married ( ) Widowed
( ) Single ( ) Divorced or separated

22. Do you have any children? (check one)

( ) Yes ( ) No ( ) Does not apply

23. Do you have any preschool children? (check one)

( ) Yes ( ) No ( ) Does not apply

24. What is your ethnic origin?

( ) White ( ) Asian
( ) Black ( ) American Indian
( ) Hispanic ( ) Other (specify)________

25. Are you working full-time or part-time? (check one)

( ) Full-time ( ) Part-time

26. What is the total length of time you have worked in the hospital in any capacity?

_______ years (fill in the blank)

27. What is your title?

( ) R.N. ( ) L.V.N. ( ) Other (specify)________
28. What shift do you normally work?
   ( ) 8hr      ( ) 10hr      ( ) 12hr

29. What time of day do you normally work?
   ( ) day      ( ) evening   ( ) night

30. What department do you normally work in?
   (fill in the blank)______________________________

Absenteeism

13. How many days have you been absent from work in the past year?
   ________ day(s)   (fill in the blank)

14. How many days have you been absent from work in the past month?
   ________ day(s)   (fill in the blank)
APPENDIX B

Thesis Study Cover Letter

May 10, 1989
Dear Nurse,

Please help me! I am a graduate student at Cal State San Bernardino and I'm conducting a study on nursing attitudes for my master's degree in industrial/organizational psychology. I am interested in how you feel about your job. I hope to develop ideas that will result in improved patient care and an improved work environment for you.

I would be most appreciative if you would participate in this study by filling out the enclosed questionnaire. It should take no more than 10-15 minutes of your time to complete the survey. Individual data that is collected will be used solely for the purpose of completing my master's thesis and at no time will the surveys be examined by the hospital staff. To ensure your confidentiality please do not write your name on the survey itself. Your participation in this study is completely voluntary and your assistance is appreciated. If you choose not to participate please return the survey unanswered in the return postage-paid envelope. Your refusal to participate will in no way jeopardize your
continued employment at Medical Center.

Please help me by completing the survey and returning it in the enclosed envelope. Individual data will not be made available to anyone at anytime to protect the confidentiality of the participants. If you have any questions, or need clarification on anything regarding this study, please don't hesitate to call me at any time or leave me a message at (714) 882-7983. Or, if you wish, you may contact my thesis advisor, Dr. Janet L. Kottke, at (714) 880-5585 with any questions you may have. Again, I thank you for your help.

Sincerely,

Keith E. Gers
APPENDIX C

Thesis Study Questionnaire
(Survey as it appeared)

1. Listed below are some statements asking how you feel about your job and the hospital for which you work. Using the scale below please indicate how much you agree or disagree with each statement by circling the number that best describes how you feel.

<table>
<thead>
<tr>
<th>Strongly Agree (SA)</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree (SD)</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

a. I find real enjoyment in my job.  
   SA SD 1 2 3 4 5
b. I like my job better than the average worker does.  
   1 2 3 4 5
c. I am seldom bored with my job.  
   1 2 3 4 5
d. I would not consider taking another job.  
   1 2 3 4 5
e. Most days I am enthusiastic about my job.  
   1 2 3 4 5
f. I feel fairly well satisfied with my job.  
   1 2 3 4 5
g. I am willing to put in a great deal of effort beyond that normally expected in order to help this hospital be successful.  
   1 2 3 4 5
h. I talk up this hospital to my friends as a great hospital to work for.  
   1 2 3 4 5
i. I would accept almost any type of job assignment in order to keep working for  

88
this hospital.

j. I find that my values and the hospital's values are very similar.

k. I am proud to tell others that I am part of this hospital.

l. This hospital really inspires the very best in me in the way of job performance.

m. I am extremely glad that I chose this hospital to work for over others I was considering at the time I joined.

n. I really care about the fate of this hospital.

o. For me this is the best of all possible hospitals for which to work.

p. The major satisfaction in my life comes from my job.

q. I do what my job description requires: this organization does not have the right to expect more.

r. I don't mind spending a half-hour past quitting time if I can finish a task.

s. The most important things that happen to me involve my work.

t. I live, eat, and breathe my job.

u. Most things in life are more important than my work.
2. How easy would it be for you to find a job with another employer in this geographical area that is as good as the one you now have? (circle one)

   Very   Quite   Somewhat   Quite   Very
   easy    easy    easy    difficult  difficult

3. How easy would it be for you to find a job with another employer in this geographical area that is better than the one you now have? (circle one)

   Very   Quite   Somewhat   Quite   Very
   easy    easy    easy    difficult  difficult

4. Roughly, what is your total monthly income from nursing before taxes and other deductions are made?

   $_________ dollars per hour (fill in the blank)

5. Roughly, what is the total yearly income before taxes and other deductions of your immediate family including your own income, the income of everyone else in the family who works, and income from any other source?

   $_________ dollars per year (fill in the blank)
6. When compared to other employees in the hospital where you work, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards? (Rewards are fairly distributed if they are related to effort, training, and experience: the more effort, training, and experience, the more rewards there should be.) Using the scale below circle the number that best describes how you feel. Use this scale for Questions 6 and 7.

<table>
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</tr>
</tbody>
</table>

A. Amount of money directly received: 1 2 3 4 5
B. Fringe benefits: 1 2 3 4 5

7. When compared to other employees who do not work in hospitals, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards?

A. Amount of money directly received: 1 2 3 4 5
B. Fringe benefits: 1 2 3 4 5
8. Compared to the effort that you put into your job, how do you feel about the pay you receive in the hospital? (check one)
   ( ) Compared with the effort, my pay is very poor
   ( ) Poor
   ( ) About right
   ( ) Good
   ( ) Compared with the effort, my pay is very good

9. Compared to the effort that other nurses in the hospital put into their jobs, how do you feel about the pay you receive in the hospital? (check one)
   ( ) Compared with the effort of other nurses, my pay is very good
   ( ) Good
   ( ) About right
   ( ) Poor
   ( ) Compared with the effort of other nurses, my pay is very poor
10. How do you feel about the pay you receive in the hospital compared to the contribution that you make toward its operation? (check one)

( ) Compared to my contribution, my pay is very poor
( ) Poor
( ) About right
( ) Good
( ) Compared to my contribution, my pay is very good

11. Which of the following statements most clearly reflects your feelings about your future in the hospital? (check one)

( ) Definitely will not leave
( ) Probably will not leave
( ) Uncertain
( ) Probably will leave
( ) Definitely will leave

12. Do you expect to leave the hospital in the near future? (check one)

( ) Will definitely leave in the near future
( ) The chances are quite good that I will leave
( ) The situation is uncertain
( ) The chances are very slight that I will leave
( ) Definitely will not leave in the near future
13. How many days have you been absent from work in the past year?
   _____ day(s)  (fill in the blank)

14. How many days have you been absent from work in the past month?
   _____ day(s)  (fill in the blank)

15. Listed below are some possible reasons why people are absent from work. Using a total of 100% please assign the percentage of time you miss work for each of the following reasons. If, for example, you have never missed work for illness, then you should write in 0% for personal or family illness. Then, you would have 100% to allocate to the remaining three reasons for missing work. Please make sure the total percentage equals 100.

   ____ Personal illness or illness of a family member
   ____ Time off to pursue career-related goals (e.g. taking courses to get promoted on the job)
   ____ Since other people take off their "personal days"
   \[\text{I feel that I should be able to take mine}\]
   ____ I use all of my allowed absences and any other time I can get off as long as I won't get into trouble with hospital rules

   = 100% (total)
16. If some percentage of your absence in the previous question was personal illness or illness of a family member, please tell us what percentage of these absences were personal and what percentage were illness of a family member. Please make sure the total percentage equals 100.

_____ Personal illness
_____ Illness of a family member
= 100% (total)

17. There are other reasons why people are absent from work that are not covered in the reasons listed above. What are some other reasons you may have been absent from work? Please write these reasons (if any) in the space below.

18. What is your sex? (circle one) Female Male

19. How old are you? _______ years (fill in the blank)

20. How much professional schooling in nursing have you had? (check one)

( ) Associate degree ( ) Diploma
( ) Baccalaureate ( ) Graduate degree(s)

21. What is your present marital status? (check one)

( ) Married ( ) Widowed
( ) Single ( ) Divorced or separated

22. Do you have any children? (check one)

( ) Yes ( ) No ( ) Does not apply
23. Do you have any preschool children? (check one)
   ( ) Yes  ( ) No  ( ) Does not apply

24. What is your ethnic origin?
   ( ) White  ( ) Asian
   ( ) Black  ( ) American Indian
   ( ) Hispanic  ( ) Other (specify)

25. Are you working full-time or part-time? (check one)
   ( ) Full-time  ( ) Part-time

26. What is the total length of time you have worked in the hospital in any capacity?
   ______ years (fill in the blank)

27. What is your title?
   ( ) R.N.  ( ) L.V.N.  ( ) Other (specify)

28. What shift do you normally work?
   ( ) 8hr  ( ) 10hr  ( ) 12hr

29. What time of day do you normally work?
   ( ) day  ( ) evening  ( ) night

30. What department do you normally work in?
   (fill in the blank)__________________________

PLEASE CHECK TO MAKE SURE YOU HAVEN'T SKIPPED ANY QUESTIONS

Thank you very much for your cooperation in filling out this questionnaire. If you have any further ideas or comments you would like to make, please feel free to use the bottom and back of this page to write them on.
AGREEMENT TO PARTICIPATE

ATTITUDE SURVEY FOR HOSPITAL NURSES

The purpose of this study is to determine how you as a registered or licensed vocational hospital nurse feel about your job. You will be asked a number of questions about how your feelings relate to how satisfied you are with your present job. It is the intent of this research to use this information to develop ideas that will result in improved patient care and an improved work environment for you.

Please answer these questions as honestly and openly as possible. Your responses will be confidential. You are free to discontinue your participation at any time.

Thank you for your participation in this study.

Please sign and date this consent form before you begin. If you wish to be contacted about the research results please check the space below and print your name and address.

NAME (signature) DATE

I would like information about your research results.

Name (please print)

Address

(This form to remain separate from survey.)
Please put this form in the enclosed postage-paid envelope or send to Dr. Janet L. Kottke in the care of the Psychology Department at 5500 University Parkway, San Bernardino, CA. 92407-2397.
### APPENDIX E

**Thesis Study Scale Statistics**

**Original Scale Statistics for Job Satisfaction**

<table>
<thead>
<tr>
<th>Item</th>
<th>Correlation</th>
<th>Alpha if item deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I find real enjoyment in my job</td>
<td>.7124</td>
<td>.8266</td>
</tr>
<tr>
<td>2. I like my job better than the average worker does.</td>
<td>.7833</td>
<td>.8150</td>
</tr>
<tr>
<td>3. I am seldom bored with my job.</td>
<td>.4617</td>
<td>.8683</td>
</tr>
<tr>
<td>4. I would not consider taking another job.</td>
<td>.6139</td>
<td>.8501</td>
</tr>
<tr>
<td>5. Most days I am enthusiastic about my job.</td>
<td>.7604</td>
<td>.8178</td>
</tr>
<tr>
<td>6. I feel fairly well satisfied with my job.</td>
<td>.6511</td>
<td>.8357</td>
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\[ \text{alpha} = .8594 \quad n = 115 \]
**Original Scale Statistics for Job Commitment**

<table>
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<th>Item-Total</th>
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<tbody>
<tr>
<td>Correlation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I am willing to put in a great deal of effort beyond that normally expected in order to help this hospital be successful.  
   
   | 1.00  | .5852 | .8608 |

2. I talk up this hospital to my friends as a great hospital to work for.  

   | 1.00  | .7784 | .8416 |

3. I would accept almost any type of job assignment in order to keep working for this hospital.  

   | 1.00  | .4022 | .8739 |

4. I find that my values and the hospital's values are very similar.  

   | 1.00  | .6460 | .8552 |

5. I am proud to tell others that I am part of this hospital.  

   | 1.00  | .7555 | .8463 |

6. This hospital really inspires the very best in me in the way of job performance.  

   | 1.00  | .6379 | .8557 |
7. I am extremely glad that I chose this hospital to work for over the others I was considering at the time I joined.  

8. I really care about the fate of this hospital.  

9. For me this is the best of all possible hospitals for which to work.  

\[
\alpha = .8721 \quad n = 115
\]

**Original Scale Statistics for Job Involvement**

<table>
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<th>Alpha if Correlation</th>
<th>item deleted</th>
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</thead>
<tbody>
<tr>
<td>\text{1.} \quad The major satisfaction in my life comes from my job.</td>
<td>.3689</td>
<td>.4854</td>
</tr>
<tr>
<td>\text{2.} \quad I do what my job description requires: this organization does not have the right to expect more.</td>
<td>.0167</td>
<td>.6382</td>
</tr>
</tbody>
</table>
3. I don't mind spending a
   half-hour past quitting time
   if I can finish a task.   .2532   .5400
4. The most important things
   that happen to me involve
   my work.          .4383   .4539
5. I live, eat, and breathe
   my job.             .4807   .4721
6. Most things in life are more
   important than my work. .3659   .4870

alpha = .5637  n = 115

Revised Scale Statistics for Job Involvement
Corrected
Item-Total Alpha if Correlation item deleted
1. The major satisfaction in
   my life comes from my job. .4928   .5689
2. The most important things
   that happen to me involve
   my work.          .5688   .5146
3. I live, eat, and breathe
   my job.             .5297   .5859
4. Most things in life are more important than my work. 

\[ \alpha = 0.6666 \quad n = 115 \]

---

**Original Scale Statistics for Job Opportunity**

**Corrected**

Item-Total | Alpha if Correlation | item deleted
---|---|---

1. How easy would it be for you to find a job with another employer in this geographical area that is **as good** as the one you now have? 

\[ \alpha = 0.8415 \quad n = 116 \]

2. How easy would it be for you to find a job with another employer in this geographical area that is **better** than the one you now have? 

\[ \alpha = 0.7265 \quad n = 116 \]
Original Scale Statistics for Distributive Justice

Corrected

Item-Total Alpha if Correlation item deleted

1. When compared to other employees in the hospital where you work, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards?
(Rewards are fairly distributed if they are related to effort, training, and experience: the more effort, training, and experience, the more rewards there should be.)

<table>
<thead>
<tr>
<th>Reward Type</th>
<th>Item-Total</th>
<th>Alpha if item deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of money</td>
<td>.1490</td>
<td>.1924</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>.2914</td>
<td>.0756</td>
</tr>
</tbody>
</table>
2. When compared to other employees who do not work in hospitals, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards?

| Amount of money directly received: | .2608 | .1053 |
| Fringe benefits: | .2589 | .1015 |

3. Compared to the effort that you put into your job, how do you feel about the pay you receive in the hospital? | -.0994 | .3612 |

4. Compared to the effort that other nurses in the hospital put into their jobs, how do you feel about the pay you receive in the hospital? | -.0437 | .3175 |
5. How do you feel about the pay you receive in the hospital compared to the contribution you make toward its operation? 

\[ \alpha = 0.2498 \quad n = 110 \]
Revised Scale Statistics for Distributive Justice

Corrected

Item-Total Alpha if Correlation item deleted

1. When compared to other employees in the hospital where you work, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards? (Rewards are fairly distributed if they are related to effort, training, and experience: the more effort, training, and experience, the more rewards there should be.)

Amount of money directly received: .5235 .8513

Fringe benefits: .7211 .7695
2. When compared to other employees who do not work in hospitals, how do you rate the fairness with which you have been treated by your hospital in the distribution of the following rewards?

<table>
<thead>
<tr>
<th>Reward Type</th>
<th>Rating 1</th>
<th>Rating 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of money directly received:</td>
<td>.7002</td>
<td>.7794</td>
</tr>
<tr>
<td>Fringe benefits:</td>
<td>.7365</td>
<td>.7621</td>
</tr>
</tbody>
</table>

*alpha = .8370  n = 112*
Much research has been done in the area of controlling absenteeism. For example, Latham and Napier (1984) suggested the use of the flexible working schedules and employee participation programs. Pedalino and Gamboa (1974) and Stephens and Burroughs (1978) suggested behavior modification approaches using lottery incentives. Nicholson (1976) offered a punishment-oriented control program to reduce absenteeism. The use of positive incentives for increasing attendance is cited frequently in the literature and with much success (Schmitz & Heneman, 1980), although they may not be cost effective (Kopelman, Schneller, & Silver, 1981). Schlotzhauer and Rosse (1985) reported the successful use of a five-year positive incentive absence control program. It should be noted, however, that these types of programs should be implemented with caution because encouraging attendance when a person has a legitimate reason for being absent may be dysfunctional for the organization. For example, it is unwise to encourage hospital employees with contagious diseases to come to work (Schlotzhauer & Rosse, 1985; also see Dilts et al. 1985 and Ellis, 1989). Schlotzhauer and Rosse (1985) suggest that these programs may be best utilized as a temporary solution to an absenteeism problem.
or as a last resort because sick employees should not be encouraged to come to work.

Steers and Rhodes (1980) suggested several steps for managers to take to help reduce absenteeism. First, the problem must be systematically analyzed to pinpoint specific areas that need changes. For example, in this study understaffing appeared to be a major concern with one subject stating that it is a "...large burden to staff to make assignments with not enough people". Second, attempts to improve employee job satisfaction may be made by using several strategies. One strategy they suggest is to implement a job enrichment program. Timmreck and Randall (1981) suggest that this can be accomplished by introducing "motivating" factors (e.g. achievement, recognition for achievement, the work itself, responsibility, and growth or advancement) That is, the jobs of the nurses must be changed to allow the nurses to feel a sense of achievement with their jobs and to permit other intrinsic factors to develop. This implementation of job enrichment strategies must be a continuous management function (Timmreck & Randall, 1981; also see Herzberg, 1968). Other strategies offered by Steers and Rhodes (1980) to help improve job satisfaction include ones aimed at reducing job stress, building workgroup cohesiveness and improving co-worker relationships, providing leadership training, clarifying job expectations, and providing employee career counseling.
For example, this latter strategy could be helpful to one subject who reported that she felt her job was "...so stressful that I just want to leave nursing altogether."

Further, Steers and Rhodes (1980) stated that management can increase the pressure to attend work by clarifying rewards for good attendance, reviewing "sick leave" policies, encouraging an attendance-oriented workgroup norm, promoting a personal work ethic, and facilitating organizational commitment. Regarding policies, the hospital in this study was operating under a five-year old absenteeism policy which simply stated that all employees are required to call in to their supervisor when absent (or tardy) as far in advance of their scheduled starting time as possible and that frequent unexcused absences (or tardiness) was subject to disciplinary action (although "frequent" was not defined). Also, the policy stated that it was against hospital rules to be absent in excess of three working days without proper notification to one's supervisor. Clearly, reviewing policies in this instance is warranted.

In discussing the ability to attend work, Steers and Rhodes (1980) reported that if getting to work is a problem for employees, then management can address the problem by applying one or more of the following strategies: encouraging physical health (e.g. sponsored exercise programs), developing employee counseling programs, setting
up alcohol and drug abuse programs if necessary, sponsoring day care centers, and providing transportation services such as shuttle buses or carpools. Some of the subjects in this study reported "car trouble" as a reason for missing work and, even more frequently, the inability to obtain day care services. For example, one subject elaborated on the need for child care services by stating that "...since so many women work in a hospital they should provide child care or even sick child care to help reduce absenteeism..."

Recall that most of the nurses in this study (i.e. 69.2%) reported to have children. It is reasonable to assume that although over 74% of their children were not preschool age, many of the children could be pre-adolescent given that the average age of the subjects was 37 years. It is also reasonable to conclude that many of the subjects felt the need to stay home with their sick children. In any case this relates back to the earlier discussion regarding absenteeism of women (e.g. Dilts, et al., 1985, LaMarre and Thompson, 1984, Miller and Norton, 1986 and Steers & Rhodes, 1980).

McDonald and Shaver (1981) suggested seven guidelines that can be utilized to control absenteeism. These guidelines are: 1) maintain useful data to identify absenteeism, 2) work at detecting trends and patterns of absenteeism, 3) audit personnel attendance policies, 4) evaluate sick leave plans, 5) develop a progressive
discipline attendance policy (e.g. oral warning, written warning, have pay docked, suspension without pay, and finally termination; also see Bula, 1984), 6) develop a program to fit the particular problem, and 7) identify chronic absentees and follow up with positive discipline. Bula (1984) contends that policies and procedures are worthless unless there is a conscientious effort to apply them. Therefore, the supervisor must not simply develop them but he or she must enforce them too. According to Bula (1984) the regular reinforcement of attendance discipline is the key to reducing absenteeism. Regarding policies and procedures, several subjects reported that they had to regularly work double shifts or had to remain "On Call" after working their regular shifts partly because of personnel shortages. This results in fatigued nurses calling in sick. One subject stated that "...the only way to get the following day off if I can't function safely is to use sick time...."

Scott, Markham, and Robers (1985) reported that among financial incentive programs, recognition programs, lottery programs, and information feedback programs, the recognition programs (i.e. management formally recognizing good employee attendance) had the most dramatic impact in terms of reducing absenteeism, changing employee attitudes, and saving money. Therefore, management should consider this approach when implementing absence control programs
because employees appear to like being recognized for a job well done. One subject complained that the licensed vocational nurses are not even recognized by administration as being licensed and that they are classified as ward clerks and nurses' assistants in regards to their pay. This suggests that recognition can begin in other areas too.

Markowich and Silver (1989) reported data from 464 hospitals in 42 states which suggested that a paid leave bank system offered the most promise in controlling absenteeism. They suggested that many employees may maximize the use of their sick time because they perceive it as time due them or "owed" to them sort of like extra vacation time. For example, one subject reported that she took time off because it was "...about time I used some of my...accumulated sick hours for myself." In the paid leave bank system a single benefit account that combines several benefits (e.g. sick time, vacation time, personal days, legal holidays) is created. Markowich and Silver (1989) reported that, when employees who abuse sick time for illegitimate illnesses are then forced to use vacation or personal days for real illnesses, absenteeism tends to decrease. Kopelman et al., (1981) implemented a similar program they called a paid leave system. At a medical center they studied, employees were using about 65% of all sick hours they had earned (i.e. about eight of their 12
eligible sick days). The system they implemented combined vacation days and five of the allotted 12 sick days into one account with the remaining seven of the eligible 12 sick days being placed into a second, separate account. Employees were not allowed to use any days from the second account until the days in the first account had been exhausted. The result was a marked reduction in absenteeism (Kopelman et al., 1981).

Finally, Rowland (1984) reported on the 7-on/7-off, 7/70 schedule. Here, nurses work seven consecutive 10-hour days followed by seven consecutive days off. In one study, registered nurses reported that their satisfaction was 6% above industry norms with this type of scheduling. The 7-on/7-off schedule not only increased utilization of space and equipment, improved patient services, increased morale and efficiency, and reduced personnel costs, but it practically eliminated absenteeism (Rowland, 1984). By allowing for longer blocks of scheduled time off from work this program addresses some of the subject's reported reasons for being absent such as "...visiting family out of the area..." and "...(taking) off Friday for a weekend trip to get an early start..."
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