

# The Influence of Managerial Styles on Absenteeism among Saudi Nurses working in Northern Region Hospitals, Saudi Arabia

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## Abstract

**Introduction:** Managerial style is a function-based personality that reflects the way of administration and behavior. Further, managerial style attaches numerous activities and procedures within the organization, which are based on a set of rules that managers utilized the workforce abilities, which reveals the managing framework rather than the management procedures. However, the managerial style could influence the staff and their presence at work. This study was conducted to explore whether the managerial style influences the nurse's absenteeism among Saudi nurses working in northern region hospitals in Saudi Arabia. **Methods:** A descriptive cross-sectional study was conducted in 10 government hospitals in Saudi Arabia. We enrolled 420 nurses from these 10 hospitals and assessed the influence of different managerial styles on their absenteeism. We used descriptive statistics to calculate the frequencies and proportions. Data were analyzed using Statistical Package for the Social Sciences (SPSS). **Results:** The study findings revealed nurse's dissatisfaction and a strong feeling of administration shortcomings. Significant differences were found among all the types of organized groups in managerial styles (line of authority, work climate, leadership, communication, employment, decision making, and innovation) with a p-value of <0.05. However, the study results showed that the managerial style supervision did not influence the nurse's absenteeism. Additionally, the findings demonstrated that the management does not describe the job duties and responsibilities explicitly do not involve the employee in making decisions. **Conclusion:** The study findings revealed that an organizational structure needs to be created where lines of authority are defined clearly, employees are involved in the decision-making process, and employees are authorized to make choices about their job duties in a way that is best suitable to them.

**Keywords:** Managerial style, Absenteeism, Nurses, Saudi Arabia.

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## INTRODUCTION

Managerial style is a function-based personality that reflects the way of administration and behavior. In the light of the change in management styles, managers are expected to endure various undesired activities such as dissatisfaction, stress, tension, unexcused absences, medicals leaves, and so forth. The existing studies have shown that restructuring influences employee performance and causes dissatisfaction, reduction of job commitment, increase rate of turnover, as well as increased absenteeism [1].

Staff absenteeism is one of the challenges that is faced by managers in all areas of activities due to its negative consequences on the organizational dynamic labors production aspects[2]. As a result of absenteeism, the work product will be reduced

consequently from both quantitative and qualitative perspectives [3]. Even if the absence is replaced with other staff but this endeavor would be less productive with relatively more interruption than the work done by original staff who is fully trained to do this work [4]. As a result, the organization may lose customers and may not meet the delivery deadlines [4]. Further, a huge cost is associated with staff absenteeism that cannot be denied even though hard to measure [5]. The estimated cost of absenteeism was found to be €272 billion in Europe,[6] 3.6 billion dollars [7], and 2372.46 TRY per employee per year in Turkey[5].

The nursing profession is considered one of the most stressful work due to the direct contact with suffering and illnesses [8]. Further, workings in shifts, the high burden of work, and the musculoskeletal efforts required to deliver care make this profession

relatively stressful [9]. Around 90% of nursing staff exhibits stress, and poor management style is considered as one of the major stressors [10, 11]. The managerial style plays a vital role in nurses' job satisfaction and reducing stress and burnouts of the work [12-14]. However, the relationship between managerial styles and absenteeism is not being fully explored particularly in Saudi Population. Therefore, we conducted this study in the Saudi population to explore the association between the managerial style among Saudi nurses and the absence of nurses working in hospitals in the northern region of the Kingdom of Saudi Arabia. This study will enrich the Saudi nursing literature on one of the most pervasive phenomena in healthcare institutes, which is absenteeism. Also due to the variation of the cultural background and nationalities among countries the individual's behavior also varies, therefore, understanding the specific factors and causes of such phenomenon in specific healthcare institutions and among nursing professionals is essential for taking appropriate actions.

## MATERIAL AND METHODS

### Study design, study setting, and participants

A descriptive cross-sectional study was conducted in the ten government hospitals of North Saudi Arabia and these hospitals have a total of 1310 bed capacity with a varying range of staff. The total number of nursing staff in these hospitals is 1495 who work full-time in various units. We employed a stratified random sampling and strata were chosen based on the number of nurses in each hospital. Since each hospital had a different number of nurses, we performed proportionate sampling to make sure each stratum had an equal proportion of participants. The eligibility criteria are contingent on being a registered nurse, working in the current setting, being Saudi national, and being willing to participate in the study. Those who were nursing students were excluded from the study. Thus, we were able to enroll 305 study participants.

### DATA COLLECTION

The overall data collection period was about four weeks. Before administering the questionnaire to actual study participants, a pilot study was conducted on 20 nurses to assess the flow and clarity of questions, identify obstacles that might be encountered during data collection, and estimate the time required to complete the questionnaire. After identifying the eligible study participants, a self-administered valid and reliable questionnaire was distributed to gather the necessary data from study participants. The questionnaire included two main sections i.e. demographic data section and a section with questions related to the issue of the study. The first section included 6 demographic information of the study sample. The second section was divided into eight factors. Each subscale referred to a specific managerial style, which included 35 items related to the basic field [15]. The questions in the

second section included causes of nurses' absenteeism ranging from personal causes to management-related causes. The questions were designed to be answered using Likert scale answers ranging from strongly agree, agree, disagree, and strongly disagree. After taking the written informed consent, eligible nurses were instructed to complete the questionnaire in 20 minutes. In addition to obtaining the data from nurses, we also used hospital records to collect data on the leaves and attendance of nurses. We conducted this study after taking ethical approval from the ethical review board of King Saud University and the Ministry of Health.

## STATISTICAL ANALYSIS

The data were analyzed using Package for the Social Sciences (SPSS) program version 27. We used frequencies and proportions to describe the data. Mean with standard deviations were used for continuous variables and proportions for categorical variables. In the case of skewed data, we used medians with an interquartile range. An A one-way analysis of variance (ANOVA) test was used to make comparisons across groups. A p-value of <0.05 was considered statistically significant.

### Study Findings

#### Socio-demographic and working characteristics of the study participants

Table 1 shows the socio-demographic and working characteristics of the study participants. We found that with respect to the age, 36.2%, who are in the age between (20 to 29) years, 58.8% were 30- 39) years old, 4.3% lie between age limit of 40 to 49 years. Likewise, around 23.0% of the nurses were males and 77.1% were females. Around three fourths (74%) were married, 24.5% single, 1% divorced, and 0.5% of nurses were found to be widows. Regarding the working experience, most of the respondents (69.0%) hold diploma level degree, while 30.2% of nurses hold bachelor's degree, and very few were found to have either masters (0.7 %) or doctoral degree 0%. It was found that 86.4% of the respondents were found to work at the ministry of health (MoH), and 13.6% of nurse's work at government SOP (Table 1). With respect to the working experience, we found that 37.6% of the study participants had working experience of at least 10 years, while 35.2% had work experience of 5 to 9 years as shown in table 1.

#### Administrative factors affecting absenteeism

Table 2 shows the administrative factors affecting absenteeism with the rank order, mean and standard deviation of variables. We found that the study variable point average ranges between 4.09 and 1.974 and a standard deviation ranges between 1.21 and 1.62. The higher mean refers to a greater effect of the factor, while the less standard deviation is related to a greater consensus on the importance of the factor. Moreover, the highest mean is (4.09), for the factor

"Communication/4", the least mean is (1.97) for the factor "Communication/3". After taking into account other factors, we found that the impact of administrative factors on absenteeism was positive. The overall value of means and standard deviations of all variables revealed nurse's dissatisfaction and a strong feeling of administration shortcomings. In addition, factors such as the degree of employee understanding of the working rules and regulations, availability of information necessary for making rules, supervisor's control method, the required knowledge of employee about his role, supervision role, the salary, the responsibilities of employee are not appropriate for his abilities, skills, and experience and lack of training. Besides, nurses feel strongly that the administrant does not describe the job duties and responsibilities clearly, does not involve the employee in making decisions and does not feel the employee is in job security. The top two ranked factors refer to communication and decision making, which means the managers in the hospital do not communicate in the right way and at the right time and the manager does not involve the nurses in the decision-making process.

#### **Managerial style affecting the absenteeism**

Table 3 shows the findings of managerial style affecting the absence that can be attributed to different factors such as organization and working experience. The study findings reveal that respondents felt a strong effect of the managerial styles of the line of authority, work climate, leadership, communication, employment, decision making, and innovation on absence from work. However, there was no effect of managerial style supervision on absenteeism. A one-way analysis of variance indicated that there are significant differences among all the type of organization groups in managerial styles (line of authority, work climate, leadership, communication, employment, decision making, and innovation) with a p-value of <0.05. However, concerning managerial style supervision, there are no significant differences among the groups, due to the type of organization variable ( $f [8] = 1.583, P = .128$ ).

Further, the study respondents felt a strong effect of all decision making and innovation line of authority, work climate, leadership, supervision, and employment on absence from work. A one-way analysis of variance indicated that there are significant differences among all the years of work experience groups in all managerial styles. It was noticed that the respondents with all years of work experience have the same participant's decision-making and innovation line of authority, work climate, leadership, supervision, and employment.

## **DISCUSSION**

This study was conducted to explore an association between managerial styles and absenteeism among Saudi nurses working in northern region hospitals. The study findings revealed that the majority

of nurses feel work pressure that cannot be ignored, especially those working in the hospital in the northern region. Among the most important reasons for these pressures that must be taken into account are the work environment, the large number of responsibilities and burdens and the organization of work, and the existence of a good relationship between nurses and their superiors, and a relationship with years of experience. Referring to the results of the study, the absence of differences for any of the variables of the study and the agreement of the nurses on their difference in several variables shows that the problems are at a level of clarity and that it is a reality that all nurses suffer from. And the nurses in different hospitals suffer from different but similar problems. The result of the current study's findings confirmed that factors such as employee understanding of the working rules and regulations applied, availability of information necessary for making such rules, supervisor's control method, the required knowledge of employee about his role, supervision role, the salary, the responsibilities of employee are not appropriate for his abilities, skills, and experience.

Our study findings are consistent with other study findings conducted across different countries. For example, a similar study found that around 15%-20% of the overall payroll expenses is the absenteeism cost of the employers [16]. The results of the present study revealed that the administrant does not describe the job duties and responsibilities clearly, does not involve the employee in making decisions and does not feel the employee is in job security. Further, the results suggest that nurse's dissatisfaction and a strong feeling of administration shortcomings, and the results show that the managerial style supervision does not affect absence. As another study illustrated that the result of the survey covers 94,000 workers done by the Gallup-Healthways Well-Being Index, found that the absenteeism of nurses cost around 3.6 billion dollars annually, that indicates the seriousness of the absenteeism challenge in the healthcare industries, also asserted that the absences behaviors as it varies among occupation and cultures [17].

The current findings are consistent with another study where authors studied the absenteeism rate among Saudi medical students, asserted that more than half of students around 53.8% absent 5 lectures time and more, the absence reasons referred to study, course dissatisfaction, and problem-based learning PBL, with a corresponding rate 25.5%, 22.4%, and 2.1% respectively [18]. Likewise, another study found that the absence rate due to sickness is higher among Saudi nationality workers compared to other nationalities employees, as well as higher among female employees rather than males [17]. Furthermore, the same study asserted that the majority of the absence was a short term absence (sick leave for > 3 days per spell), where the common absence among expatriates

was due to the chickenpox diseases, While the heavy type absence ("sick leave for a total of 10 days or > 3 spells") common among the Saudi nationality workers, in which the absence causes various among workers, but the main causes due to acute upper respiratory infection, diseases of the musculoskeletal system and the digestive system [17].

The nursing profession is considered one of the sublime and human professions because of its relationship to human health, the preservation of his life, the relief of his suffering and his sense of pain, and everyone who works in this profession is called an angel of mercy, and this is due to the human role that he plays in the different therapeutic stages, and from a medical point of view this profession achieves inclusion in the medical services provided, and it strives towards perfection [19]. In addition, the absence of Saudi nurses in the hospitals of the northern border region is a continuous phenomenon, not only in the region and in Saudi Arabia in particular, but also in the world and that this phenomenon can negatively affect nursing, which will negatively affect performance and the quality of care provided to patients.

### **Strengths and limitations**

This is the first study of its kind that assessed the association between managerial styles and absenteeism among nurses. The results of the current study will be helpful for healthcare institutes and decision-makers to define the most suitable managerial style in their hospitals that would increase the productivity of staff nurses and the quality of care provided through decreased or reduction of the nursing absenteeism rates. Also, we used a reliable and valid questionnaire that was pre-tested before actual administration. We attempted to include multiple hospitals, however, a better representation could have been possible. Despite some strength, this study is subject to some limitations. First, this was a cross-sectional study, therefore, a temporal relationship between management style and absenteeism cannot be established. Second, we obtained data from a single source (i.e. nurses in hospitals in the northern region) and it would have been better if multiple sources were used to improve the generalizability of the study findings. This, data for this study was confined to the managerial styles on absenteeism among nurses in one country and does not provide similar insights about other Arabian countries. This research's measurement results were acceptable in terms of reliability and validity, but there is certainly a need for additional work to perfect measures. However, future research can be conducted to overcome these limitations. Lastly, there could be an issue of response bias or wish bias as nurses may not have understood the questionnaire properly or may not have agreed to respond to the true answer due to some unexplored reasons.

### **CONCLUSION AND RECOMMENDATIONS**

Analysis of findings reveals that certain administrative factors contribute to nurses working in northern region hospitals absenteeism such as poor organization; the lines of authority, work climate, leadership approach, and poor communication between parties in the work. In the light of these study findings, the administration of hospitals at least should create an organizational structure where lines of authority are defined clearly. Also, there is a need to enhance a job description for each position, which clearly defines the duties and responsibilities of every job with the minimum experience and qualifications that are required in every position. Further, holding training courses for managers about the positive attitudes concerning delegation of authority is a necessary endeavor and should be considered [20]. The administration of hospitals should involve employees in the decision-making process and give them authority to choose the job duties the best way they seem reasonable. Lastly, there is a need for open channels of communication between employees and the manager in a way that allows the exchange of ideas and proposals for work.

Another significant value in the current study that it reveals on various aspects and factors that influence the absenteeism rates among Saudi nurses, which could help to determine which factor to control or enhance or even change to reduce the absence rates, that would benefit decreasing the overload on the staff nurses induced from replacement strategies. Further, the study added value to the staff nurse that increased their awareness of the absenteeism and its organizational costs that the hospital tackles.

### **Future implications of the findings**

The results showed that there is poor supervision because the managers follow the style punish employees more than improving job performance and the administration don't participate employee in making of decisions. Moreover, the previous studies approved that absenteeism incurred losses in the organizational context, especially in the finance aspect. However, absenteeism is affected by diverse variables. Based on the implications of the study, this study suggests research in a study the influence of leadership approach on employee satisfaction in the Saudi Arabia hospitals, research in the role of developing the job description to achieve job satisfaction in the Saudi Arabia hospitals, and managing absenteeism in the workplace: the case of a Saudi Arabia hospital, and relationship of employees absence to marital status in the Saudi Arabia hospitals.

### **DECLARATIONS**

**Financial Disclosure or Funding:** This is not a funded study.

**Conflict of Interest:** We declare there is no conflict of interest.

**Informed Consent:** Informed consent was taken from the study participants.

#### Author Contributions

Abdullah Awad Alruwaili, the primary author, is the only author of this study who contributed to this work and is the sole author of this manuscript.

**Data Availability:** Data will be available upon request.

#### Tables

**Table-1: Sociodemographic characteristics of study participants (n=420)**

Variable name	Frequency	Percentage
<b>Age (Years)</b>		
20-29	152	36.2
30-39	247	58.8
40-49	18	4.3
> 50	3	0.7
<b>Gender</b>		
Male	96	22.9
Female	324	77.1
<b>Marital Status</b>		
Married	311	74
Single	103	24.5
Divorced	4	1
Widow	2	0.5
<b>Qualification</b>		
Diploma	290	69
BScN	127	30.2
MSN	3	0.7
PhD	0	0
<b>Working Organization</b>		
MoH	363	86.4
SOP	57	13.6
<b>Working experience (Years)</b>		
less than 1	37	8.8
1 to 4	77	18.3
5 to 9	148	35.2
at least 10	158	37.6

**Table-2: Administrative factors affecting absenteeism: Rank order, mean and standard deviation of variable phrases.**

Rank	Variable	Mean	Standard deviation	Skewness
1	Communication/4	4.0907	1.2145	-1.374
2	Decision making/2	3.64301	1.3676	-0.182
3	Supervision/1	3.4224	1.4567	-0.086
4	Leadership/4	3.3819	1.2552	-0.328
5	Supervision/2	3.3667	1.36972	-0.412
6	Employment/2	3.3167	1.50487	-0.187
7	Employment/3	3.3143	1.49013	-0.332
8	Employment/10	3.2929	1.31721	-0.162
9	Employment/1	3.2895	1.51252	-0.228
10	Decision making/1	3.2643	1.24025	-0.359
11	Employment/8	3.2524	1.49242	-0.287
12	Communication/2	3.2387	1.42947	-0.182
13	Innovation/1	3.2214	1.39758	-0.147
14	Communication/1	3.1671	1.42458	-0.177
15	Work climate/2	3.1527	1.41446	-0.033
16	Leadership/1	3.1527	1.40592	-0.076
17	Employment/12	3.1367	1.49776	-0.131
18	Line of authority/2	3.1333	1.4595	-0.071
19	Line of authority/1	3.1124	1.53122	-0.049

Rank	Variable	Mean	Standard deviation	Skewness
20	Employment/14	3.0883	1.48496	0.045
21	Innovation/2	3.05	1.38518	0.089
22	Work climate/3	2.9976	1.2598	0.062
23	Employment/13	2.9928	1.53248	0.044
24	Leadership/2	2.9905	1.30875	-0.111
25	Leadership/5	2.9571	1.31743	-0.122
26	Work climate/1	2.9185	1.52008	0.151
27	Employment/4	2.9165	1.3342	0.02
28	Employment/5	2.8619	1.31258	-0.023
29	Innovation/3	2.7446	1.6131	0.239
30	Employment/7	2.6643	1.58126	0.328
31	Employment/9	2.642	1.5911	0.4
32	Employment11	2.5905	1.62584	0.395
33	Leadership/3	2.5227	1.40789	0.295
34	Employment/6	2.1894	1.25387	0.814
35	Communication/3	1.9738	1.2462	1.165

**Table-3: Managerial style affecting on absence that can be attributed to different factors such as organization and working experience (n=420)**

<b>Organization</b>				
	<b>Sum of Squares</b>	<b>Mean Square</b>	<b>F-Statistics</b>	<b>P-value</b>
Line of authority				
Between Groups	2.638	0.330	2.977	0.003
Work climate				
Between Groups	2.773	0.231	2.063	.018
leadership				
Between Groups	5.364	.268	2.534	.000
Communication				
Between Groups	4.490	.281	2.629	.001
Employment				
Between Groups	13.042	.272	2.872	.000
Supervision				
Between Groups	1.440	.180	1.583	.128
Decision making				
Between Groups	2.298	.287	2.584	.009
Innovation				
Between Groups	12	.301	2.760	.001
Working experience				
Decision making				
Between Groups	35.127	4.391	5.193	.000
Innovation				
Between Groups	72.895	6.075	7.956	.000
Supervision				
Between Groups	44.319	5.540	6.712	.000
Communication				
Between Groups	76.990	4.812	6.556	.000
Line of authority				
Between Groups	35.127	4.391	5.193	.000
Work climate				
Between Groups	56.112	4.676	5.934	.000
Leadership				
Between Groups	88.862	4.443	5.990	.000
Employment				
Between Groups	134.813	2.809	4.270	.000

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