A STUDY OF FACTORS AFFECTING UNPLANNED ABSENTEEISM AMONG NURSES IN SELANGOR

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DECLARATION

We hereby declare that:

(1) This undergraduate FYP is the end result of our own work and that due acknowledgement has been given in the references to ALL sources of information be they printed, electronic, or personal.

(2) No portion of this FYP has been submitted in support of any application for any other degree or qualification of this or any other university, or other institutes of learning.

(3) Equal contribution has been made by each group member in completing the FYP.

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PREFACE

Each student of Bachelor of Business Administration (Hons) is compulsory to conduct the research study. The research has named the title “A study of Factors Affecting Unplanned Absenteeism Among Nurses in Selangor”. This research will be conducted is because during 2015, the cost of absenteeism and attendance in Malaysia was equivalent to 4.5% of GDP. Therefore, employee absenteeism is an issue serious in Malaysia. However, the absenteeism among nurses in Malaysia is unknown.

Malaysia is handling the associated factors with unplanned absenteeism among nurses. Without a doubt, nurses not only take care of the safety and rehabilitation of patients, they also have responsibility for health education. Besides, the scope of work of nurses has involved health clinics, schools, and factories.

The researchers will identify the factors that affect unplanned absenteeism among nurses in the study. There have four significant variables that affect unplanned absenteeism among nurses in Selangor. The independent variables will that are selected are Demographic Factors, Organizational Factors, Personal Factors, and Work-related Factors. These four independent variables will show what are the possible factors that could affect unplanned absenteeism among nurses in Selangor. This study to help Malaysia to better understand how demographic factors, organizational factors, personal factors, and work-related factors affect unplanned absenteeism among nurses in Selangor.

ABSTRACT

There is survey shows that employee absenteeism is an issue serious in Malaysia. In 2018, the total absenteeism days of each employee is 7.7 days a year, which is more than the normal absenteeism days. However, the absenteeism among nurses in Malaysia is unknown. The studies of the relationship between nurses and absenteeism are limited in Malaysia. Hence, the purpose of this research is to determine the impact of demographic, personal, organizational, and work-related factors on unplanned absenteeism among nurses in Selangor, Malaysia. The research is carried out by distributing 392 online questionnaires to respondents from Selangor Hospital. The data received from the respondent will be run by Statistical Package for Social Science (SPSS) in order to produce accurate results for the purpose of analysis and interpretation. The outcome of the research shows work-related factors significantly affect unplanned absenteeism.

CHAPTER 1: INTRODUCTION

1.0 Introduction

The aim of this research is to investigate the factors affecting unplanned absenteeism among nurse in Selangor. This research will provide a further understanding of how demographics factors, organizational factors, personal factors, and work-related factors have significant effects on absenteeism. In this chapter, it had summarized the research background, problem statement, research goals, research questions, research hypotheses, research significance, chapter layout, and conclusions.

1.1 Research Background

Nurse is the greatest assets to hospital. When there is a patient hospitalised into intensive care unit, nurse is the one who will be spending more time with the patient rather than their family or doctor that treating the patient. This is because nurses must give the intensive care to the patient in order to meet the patients' complex and diverse medical care demands. However, nurses are not receiving as much attention as they deserve in our social community. No matter it is in the private or government hospital in Malaysia or throughout the world (Fukada, 2018). Nurses often placed their own comforts after the needs of patients that they are taking care every day, regardless of work setting this is needed for all the nurses in the healthcare industry (Fukada, 2018). Besides, nurses has an important role to play in the society as well, they are always improving themselves for the character of taking professional responsibilities for unceasingly giving direct care, protecting individual lives and supporting activity of patient for daily living (Fukada, 2018). Nurses is vital to its country towards global health due to the potential of nurses

able to make significant contributions to global health and upholding the Sustainable Development Goals clause 3 and 8 as the aim for it is promote good health and well-being, as well as decent work and economic growth, while nurses play the role as a leader and manager, care providers, educator and researcher. Thus, they played an important role in providing health care and keeping universal access to health care for the society (Wilson et al., 2016). Therefore, nurses are important for a country's healthcare industry; without the competency of nursing, it could affect the nurse's responsibility (Fukada, 2018)

According to TheStar (2018), Malaysia healthcare market is expected to grow at a significant rate that will reach 127% to RM127.9 billion in 2027 from 2017 was only at RM56.3 billion. This is due to the government is pushing with higher healthcare expenditure ("Malaysia's Healthcare Market," 2018). Malaysia was ranked first in the world healthcare category of the International Living Annual Global Retirement Index in 2019 with a score of 95 out of 100 ("Malaysia Ranks," 2019). With Malaysia's sophisticated infrastructure and world class healthcare services Malaysia was able to compete and come out at the top place among the top six countries that received the tittle as well ("Malaysia Ranks," 2019). With the trend of the date received we are able to conclude that healthcare in Malaysia have a high tendency to grow further, therefore it will be putting another stress onto nurses in Malaysia. Thus, with the growth of the sector there will be more requirement for nursing care. Therefore, according to Hadded, Annamaraju, and Toney-Butler (2020), the growth of the healthcare sector will lead to nursing shortage and an unacceptable nurse to patient ratio. When the supply of nursing care by nurses itself cannot cope with the rapid growth of the sector, there will be hospitals with high patient to nurse ratios. Thus, when there is more patient for the nurse to take care of rather than the usual workload, it can lead extra stress onto the nurse due to understaffing. Nurses experience dissatisfaction and burnout where it can lead to absenteeism. In Baydoun, Dumit, and Daouk-Öyry (2016) reserach, there are nurses work for six days per week, bounded with tiredness and lead to absenteeism in workplace. Besides, nurses applied for work due to some family issue, however their request will never be approved due to the understaffing they are facing when there is a rapid growth in the industry that their managers unable

to change their work schedule. All these factors contribute to the work-related stressor that eventually led to absenteeism for nurses.

Moreover, according to Yew, Yong, Tey, Cheong, and Ng (2018) findings, nurses in Malaysia are still underpaid and undervalued, where experienced nurses have a higher tendency to move onto another countries such as Singapore, Australia, and Kuwit that offered much higher offer to them. Nurses are unsatisfied with their low pay. According to Payscale, in Malaysia, the average pays of a nurse which range from RM4,080 per month to RM12,300 per month, where the median salary of nurses is RM6,110 per month. Meaning that, there are 50% of nurses still taking a salary lower than RM6,110 and from the percentiles of nurse's salary shows that there are 25% of people who worked as nurse are earning lesser than RM4,590 while 75% of the others earning more than RM4,590, however only 25% of the 75% of nurses is earning more than RM8,810 per month. This shows that the average pay for nursing is 35% lesser compared to other jobs also pays for health and medical industry are 49% more than those of other jobs industry (Payscale, 2021). The problem of getting lower pay in their work for nurses could lead to job dissatisfaction as researcher Utami and Harini (2019) mentioned in their finding, they are able to identify that the underlying supposition that the job satisfaction can have a direct relationship influencing absenteeism. In other words, the more fulfilled the person job satisfaction, the lower the rate of absenteeism of the person in their workplace. There is more research mentioned that salary is one of the stressor in organisational factors that will lead to the absence of nurses (Baydoun et al., 2016), salary as motivation for nurses that able to make them satisfied towards their work; where lower wages tend to make employees more likely to be absent from work due to the lack of motivation (Batool, Afzal & Gillani, 2019; Torre, Pelagatti & Solari, 2014). Thus, there is a need to investigate the cause that lead to absenteeism for nurses.

Moreover, with the outbreak of pandemic Covid-19, the healthcare system of Malaysia is putting into test with its ability to combat the new outbreak. Due to the rapid spread of the Covid-19 disease, it has caught many healthcare systems off

guard where they are struggling with to cope with the tremendous amount of patient that needed hospital beds, ICU beds, and ventilators. Nurses is going through a storm where there are going through extreme exhaustion, physical discomfort for long working hours with face mask and PPE on (Arnetz, Goetz, Arnetz & Arble, 2020). There is more stress than never before in the whole healthcare system with improper management and administration (Hashim, Adman, Hashim, Radi & Soo, 2021). A combo of physical and emotional strain onto nurses that could lead to more absenteeism among nurses (Arnetz et al., 2020).

In 2015, the cost of absenteeism and attendance in Malaysia was equivalent to 4.5% of GDP. Malaysian employees work approximately 44 hours a week. Compared with British employees who work 35 hours a week, Malaysia loses 66 days a year due to absenteeism and attendance on average, 36 days more than the United Kingdom (Lei et al., 2019). Malaysian employees work longer hours than British employees, resulting in a decline in personal and work-related quality of life, and employees with poor physical conditions are more likely to be absent.

Unplanned absenteeism leads to extra burden to the other staff who is on duty where they have to take on the work that cannot be completed by other staff on that time. Excessive workload will have a negative impact on the other staff health and lead to internal emergencies and a pathological cycle of absenteeism (Saruan, Yusoff, Fauzi, Puteh & Robat, 2020). Unplanned absenteeism can also increase working hours and psychological stress, causing workers to be dissatisfied with their work, thereby endangering patient care, and increasing the risk of medical errors.

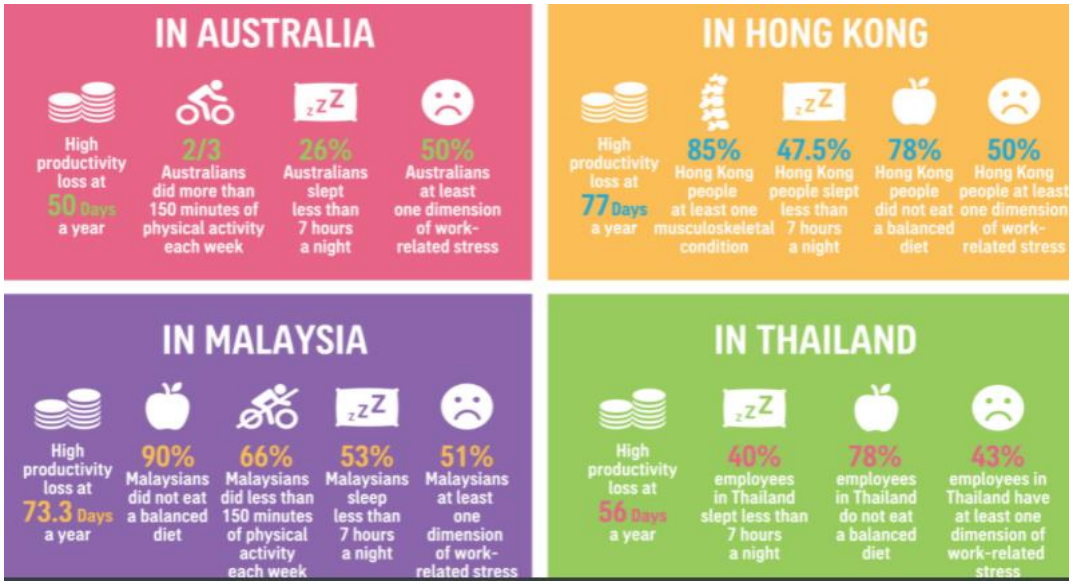
Absenteeism can be defined as the persistence of an employee that absence or continuously missing from a scheduled work that without provide any reasonable statement state that he nor she will be absence for work (Kalita & Nath, 2014). Other researcher reviewed that the definition of absenteeism is that an employee inability to be present at the workplace without any prior permission from the employer (Ugoani, 2015). Malaysian employees have the second highest recorded

which is 67 days of absenteeism and attendance per year in the four countries, Hong Kong ranked first, Singapore and Australia ranked last ("Malaysian Workers", 2017). Malaysian employees have heavy workloads, pressures, and unhealthy lifestyles, so the loss of productivity is the highest among the four countries. High absenteeism and attendance rates can lead to economic losses for the organization and a decline in the personal and work-related quality of life of Asian employees.

Nurses is a significant to the healthcare system in Malaysia, either due to the rapid grow of the healthcare industry and the outbreak of the pandemic where all the factors mentioned above will be a stressor to affect nurses' attendance. Therefore, their attendance is much needed during this crucial time. Thus, it is essential to focus on the research of absenteeism of nurse.

1.2 Problem Statement

In 2018, the absenteeism days of Malaysia are 7.7 days each person a year, which exceed the normal absenteeism days (Jaafar, 2019). At the same time, AIA Group Limited survey also pointed out Malaysia absenteeism and presenteeism days were the total of 73.3 days per employee, which higher than Australia (50 days per employee), and Thailand (56 days per employee). While 73.3 absenteeism and presenteeism days were costing the organization RM 1.46 million per month in 2019 (AIA Group Limited, 2019). Although Malaysian's absenteeism and presenteeism days were lower than Hong Kong, Malaysians' health condition was worse than Hong Kong (e.g. 53% of Malaysian slept less than 7 hours a night while Hong Kong only 47.5%).



Source: AIA Group Limited. (2019). *AIA Vitality: The healthiest workplace*. Retrieved from https://www.aia.com/en/healthy-living/the-healthiest-workplace.html

The nurse is a high-stress occupation. In Malaysia, nurses are occupying the largest workforce in the healthcare industry, constitute 2-3% of the female workforce. (Ong & Kamaludin, 2016). This means that these women need to act in multiple roles in their daily life, such as a wife, as a mother, as a care-giver to family members, as a person who is responsible for doing house chores, and so on. While in their workplace, they need to take care of their patient, communicate with them, doing admin tasks, and so on (Robat, Fauzi, Saruan, Yusoff & Harith, 2021). In addition to work and family stress, with the increase in positive Covid-19 cases, Malaysian nurses are facing physical and psychological health challenges during this time. They need to increase their working hour due to shortage of staff; at the same time, they suffer from psychological distress, depression, anxiety, insomnia, and somatization symptom, and other health problems (Noor, Yusof & Yacob, 2021).

There are studies show that personal factors, work-related factors, and organizational factors will lead to nurse absenteeism. For instance, a study in India conducted by Al-Sharif, Kassem, and Shokry (2017) found that workplace factors and family factors are the main causing factor that leads to absenteeism. In addition, Baydoun et al. (2016) also found that the work-related factors (e.g. working

schedule), organizational factors (e.g. job securities), and personal factors (e.g. family commitments) can caused employees absenteeism.

However, the studies of the relationship between nurses and absenteeism are more in North America and Western Europe (Baydoun et al., 2016), but limited studies in Malaysia (Saruan et al., 2020; Tripathi, Mohan, Tripathi, Verma, Masih & Pandey, 2010). Besides, the exact figure on the number of absenteeism among nurses in Malaysia is unknown (Saruan, Yusoff & Fauzi, 2019). Hence, in this research, we will close up this gap and identify the major factors that affect nurse absenteeism in Malaysia.

1.3 Research Objective

1.3.1 General Objective

The general objective of this research is to investigate the impact of demographic factors, organizational factors, personal factors, and work-related factors on unplanned absenteeism among nurses in Selangor.

1.3.2 Specific Objectives

1. To investigate whether the demographic factors affected the unplanned absenteeism among nurses in Selangor.
2. To investigate whether the organizational factors affected the unplanned absenteeism among nurses in Selangor.
3. To investigate whether the personal factors affected the unplanned absenteeism among nurses in Selangor.
4. To investigate whether the work-related factors affected the unplanned absenteeism among nurses in Selangor.

1.4 Research Question

The following are the research question for this research:

1. Do the demographic factors affect the unplanned absenteeism among nurses in Selangor?
2. Do the organizational factors affect the unplanned absenteeism among nurses in Selangor?
3. Do the personal factors affect the unplanned absenteeism among nurses in Selangor?
4. Do the work-related factors affect the unplanned absenteeism among nurses in Selangor?

1.5 Hypotheses of the Study

There are several assumptions as follows:

Hypothesis 1

$H1_0$: The demographic factors are not affected the unplanned absenteeism among nurses in Selangor.

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

Hypothesis 2

$H2_0$: The organisational factors are not affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

Hypothesis 3

$H3_0$: The personal factors are not affected the unplanned absenteeism among in Selangor.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

Hypothesis 4

$H4_0$: The work-related factors are not affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

Hypothesis 5

$H5_0$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are not affected the unplanned absenteeism among nurses in Selangor.

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are affected the unplanned absenteeism among nurses in Selangor.

1.6 Significance of the Study

Absenteeism can be categorized into planned and unplanned absenteeism Through the research, it is better to know the relationship between factors and review the unplanned absenteeism and identify the factors affecting the absenteeism of the nurse in Malaysia. According to Saruan et al. (2020) mentions that planned voluntary absenteeism is absence due to social responsibility like community meeting or events like annual leave and study leave meanwhile unplanned absenteeism can be self-verified sickness absence, MC as known as medical certified illness absence other issues like vehicle breakdown that unpredictable

when it happened. Through the research, it can identify the factors like personal, work related and organization in the nurse industry in Malaysia.

The importance of our research is to find out the method to cope with the unplanned absenteeism of nurse in hospital of Selangor, Malaysia. Through this research, it will be easier to overcome the unplanned absenteeism of nurse by identifying the factors affecting them and come out with appropriate solution. By solving this problem, it will benefit the society in the way that solve the problem from the root as according to Alharbi et al. (2018) mentions that increase the work satisfaction of nurse via balancing the shift time and number of nurse per shift in order to decrease the absenteeism rate. From the research, it can benefit the nurse as Alharbi et al. (2018) also mentions that the main factors affecting the absenteeism rate like no overtime payment and hard to take permission during shift and if these problems are solved, the job satisfaction of nurse would be enhanced.

According to Alharbi et al. (2018) mentions the importance of our research to the Ministry of Human Resource would be ensure the health care service to be managed well as nurses act as main labor force for hospital and they required to do mostly on taking care of patients. So, the absenteeism factors must be in the consideration by the Ministry of Human Resource. Alharbi et al. (2018) also says that nurses are forced to work overtime and do extra job due to economic factors but would lead them to be stressed as insufficient tie for them.

1.7 Chapter Layout

Chapter 1: Introduction

In the first chapter of this research, the factors that affect unplanned absenteeism will be briefly presented in the nurse industry. This research

will discuss the research background, problem statement, specific goals, research questions, hypotheses, significance, chapter layout, and conclusions.

Chapter 2: Literature Review

The second chapter of this research will interpret the theories how all the factors that are related to unplanned absenteeism, supported by the journals in this chapter. This chapter involves underlying theory, literature review (dependent and independent variables), relevant theoretical model review, proposed conceptual framework, and hypothesis development.

Chapter 3: Research Methodology

Research design, data collecting methods, sampling design, research instrument, constructs measurement, data processing, and data analysis to looking into overall of the research methodology and do a summary of results from the relevant respondents, all these will be briefly illustrated in the third chapter of this research.

Chapter 4: Research Results

This chapter will include collecting questionnaires from the respondent to show the results of the respondent's model. It will conduct a lot of analysis to ensure the validity of the research. These analyses include descriptive analysis, scale measurement, and reasoning analysis. All the analysis results will be processed through the Social Science Statistics Package (SPSS).

Chapter 5: Discussion and Conclusion

The last chapter of this research mainly illustrates the summary of statistical analysis, discussion of the main findings, the significance of the research, limitations of research, and suggestions for future research. All the final discussions and conclusions will discuss in this chapter.

1.8 Conclusion

All the problem statement, goals, hypotheses, and the significance of the research have been approved in this chapter. At the end of this chapter, a review was conducted to allow readers to better understand this research and better understand the relationship between influencing the factors and absenteeism. A literature review and conceptual framework of the research will be disclosed and carried out in the following chapters of the research.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

In chapter two, it will discuss both the dependent variables and independent variables. The dependent variables in this research are unplanned absenteeism, while independent variables are demographics factors, organizational factors, personal factors, and work-related factors. This chapter will start from the underlying theory that applies in our research which is Maslow's Hierarchy of Needs. The end of this chapter will show theoretical frameworks about the impact of all independent variables on unplanned absenteeism in the nurse industry.

2.1 Underlying Theories – Maslow's Hierarchy of Needs

In any organizational establishment they are depending onto the employee's regular and efficient services, while the efficiency of the company is high, thus it will result in better productivity from the worker and lead to better quality as well as more profit generated. However, Steven (as cited in Mulat, 2018) states that an inefficient employee's performance in an organization when there is no clear culprit and no easy cure and one of the main factors contributing towards inefficient employee's performance is absenteeism.

The research topic will be based on Maslow's Hierarchy of Needs which can be found in organizational behaviors theories. Maslow's hierarchy of needs is a basic framework that provides a level of motivation for individual work within an organization. The theory, which classifies human needs according to physiological needs from low to high. It can be classified into five levels: physiological needs, safety and security, love and belonging, self-esteem, and self-actualization (Cholli,

Sreeraj & Pandey, 2017). The physiological needs and safety needs are the basic needs; love and belonging needs and esteem needs are psychological needs; the self-actualization needs are self-fulfillment needs.

From low to high levels, first, the basis of an individual is physiological needs. The lower-level needs must be met first before the higher-level needs can be realized (Manning, 2017). For example, air, water, food, shelter, sleep, clothing, and others. The second is the need for job safety and security (Cholli et al., 2017). This level mainly emphasizes the importance of managers to identify the importance of managers to identify the needs of employees and decide to meet the needs and improve the motivation of employees (Manning, 2017). For example, health, employment, property, family, and social stability.

Once the individual safety and security are satisfied, the next level is love and belonging, which meets the needs accepted by the organization or team (Manning, 2017). Then, for instant, friendship, intimacy, family, and series of connections. Next, self-esteem includes confidence, achievement, respect for others, and the need to be a unique individual (Cholli et al., 2017), which means gaining recognition from the organization and team (Manning, 2017). Lastly is self-actualization, which includes morality, creativity, spontaneity, acceptance, experience purpose, meaning, and inner potential. But before achieving self-actualization, the employees must satisfy psychological needs and self-fulfillment needs (Manning, 2017).

Therefore, the management of nurses or their leaders should take Maslow's hierarchy of needs as reference for a framework that able the top management of hospital in the healthcare industry, so they are able to identify what nurses really need in their workplace especially in the aspect of self-esteem need in the Maslow's Hierarchy of needs. Researcher Fallatah and Syed said that nurses at work, the person is motivated and eager to meet their esteem (or self-esteem) needs, which will fuel their motivation in terms of improving their self-confidence and morale, a

sense of value and usefulness, demonstrating their own capability, and realizing their full potential, thus, with the boost of esteem for nurses they are not likely to be absences from work. Due to this type of needs based on Maslow's Hierarchy of needs, nurses at work are drive by their want for status or reputation, attention, recognition, respect, or importance in this type of need. Employee motivation is influenced by these esteem requirements. As a result, it is critical for the organization to recognize and address the demands of its employees in terms of esteem. Indeed, an employer's failure to recognize an employee's need for esteem could lead to discontent, helplessness, discouragement, inferiority, weakness, or inability, and therefore a demotivated employee at work. The work environment appears to be a primary source of need fulfilment for employees, as it allows them to acquire or accomplish goals such as monetary incentives and societal recognition where unplanned absenteeism is most likely to happen if the esteem needs is not satisfied by nurses (Fallatah & Syed, 2017)

Thus, the hospital management can implement changes and a more engage strategies that is specifically designed to meet the needs of nurses and with that they are able to promote a much higher achievement in reducing absenteeism. Teamwork, safety, leadership growth opportunities, and participation in decision-making is one of those strategies that policy maker should really consider in improving employee engagement to reduce absenteeism (Ashley, JoAnna & Holly, 2020). Therefore, Maslow's Hierarchy of Needs theory is adopted for our research on the underlying theory.

2.2 Review of the Literature

2.2.1 Demographic Factors (Independent Variables)

Demographic factors is a factor that affects the absenteeism of the nurse in Selangor, Malaysia. Demographic factors include age, gender and marriage

status. According to Siu, Spector, Cooper, and Donald (2001) mentions that age is a factor that affect the satisfaction level of job and good mental health of the worker. Besides that, Zawacki, Shahan, and Carey (1995) stated that female nurses will be less satisfied with their supervisors compared to male nurses and male nurses also rated as better five characteristics of work like variant of skill, skill identity, autonomy, task significance and responses than female nurses.

In this research, demographic factors are also causes the nurse absenteeism in Selangor, Malaysia. Demographic factors is so important as RMIT University (2017) reports that demographic is important in the way that it is measurable characteristics like in this research it can easily find out the number of people of specific characteristics. Demographic is good methods to help in profiling.

According to Saruan et al. (2020), demographic factors such as age, gender and marriage status can relate to the intention for nurse to leave but literature of demographic factors influence and show some of conflict findings where the result can be not consistent due to the individualized and special reasons for nurses to turnover where it can be related to different culture and practice.

2.2.2 Organizational Factors (Independent Variables)

The conceptual framework represented by organizational factors includes organizational culture and organizational commitment (Ahmed, Khuwaja, Brohi & Othman, 2018). Organizational factors can be defined as variables that affect individuals, it's mainly related to the workplace, working conditions and the daily experience of employees during working hours. There are many factors affected employee absenteeism, but organizational variables are indispensable, included reward system (Reyner, Margarita,

Gelmar, Alexander & Rodobaldo, 2020). According to Kanwal, Riaz, Riaz, and Safdar (2017), 72.6% of nurses agree that the lack of proper recognition and reward system in organizations will lead to dissatisfaction and absenteeism of nurses, and organizations need a reward system to reduce absenteeism caused by nurses' dissatisfaction with their work.

The organizational factors that lead to the absence of nurses include salary, job security, and organizational absenteeism policy (Baydoun et al., 2016). Salary is a motivation for employees, it can make employees more satisfied in their workplace (Batool et al., 2019). Salary is a stimulant and a tool to reduce absenteeism for employees that work in nursing teams because the salary is a motivating factor for employee job performance, as well as a potential factor for absenteeism (Ferro et al., 2018). Both private and public hospital nursing staff believed that job payment will affect absenteeism, as low job payment will force employees to have more than one job to meet their overhead needs, and lead to absenteeism (Santana, Barros, de Matos & Pimentel, 2019).

The type of contract can affect the employment protection of employees and thus affect absenteeism, with temporary contract workers being relatively easy to dismiss, while regular workers are very difficult to dismiss (García, Green & Navarro Paniagua, 2017). If the organization does not develop a complete absence policy to check and control those employees who are deliberately absent, it will cause more serious conflicts between other employees, and other employees will choose to absent. (Zia-ud-Din, Arif & Shabbir, 2017).

2.2.3 Personal Factors (Independent Variables)

Soh (2018) find that individual factors that include illness and disease, personal attitude, lifestyle and family responsibilities and transportation problem is very possible to after unplanned absenteeism. Absenteeism may affect the productivity, finance, jobs and in the crucial sector of saving live which is the health sector all due to the loss of man-hours caused by unplanned absenteeism (Oche, Oladigbolu, Ango, Okafoagu & Ango, 2018). Healthcare workers play an important role to the community due to the essential element of nurses is to provide quality and efficient of health services. It can lead to a bigger problem when absenteeism prolonged where worker, employer, and society will experience a significant burden due to the workplace absence (Oche et al., 2018).

Illness and disease can be divided into minor or major illness, according to the finding of Bermingham (2013) (as cited in Soh, 2018), short term absenteeism among organisation mainly due to minor illness where employee typically feel unwell. Minor illness mainly cost by flue, colds, stomach upsets and headaches. However, in many cases that employee in fact is well enough to be present to work who took unplanned absent due to minor illness, but study of Bermingham (2013) (as cited in Soh, 2018) argued that minor illness can be different person to person affect the person. According to Netshidzati (2012) (as cited in Soh, 2018), employee may tend to abuse the rights of taking sick leave as the misuse of sick leave and lead to a higher rate of absenteeism.

Besides, attitude strongly reflect on how individual interpret about certain things such as an event, object, and people an issue which may lead to personal view development that every individual may have different judgment. While personal attitude is the characteristic that build up a person where work ethics is usually tide to the personal attitude in workplace (Soh, 2018). According to Randhawa (2017), employee who possess strong work ethic will usually prevent themselves from remaining absent in their work due to the responsibility toward their job. Furthermore, as mentioned by

Hettiararchchi and Jayarathna (2014) (as cited in Soh, 2018), there are certain attitudes where an individual held firmly and it can be difficult to change by authorities and it can be remain in a lifetime for that individual. Attitudes such as laziness that can influence the working behaviour of an individual that indirectly leads to absenteeism as consequences.

Another huge factors that leads to unplanned absenteeism is family obligations. According to Netshidzati (2012) (as cited in Soh, 2018), family obligation is one of the stressors that lead to unplanned absenteeism because it is the root of responsibility to a married man or women to care about their family. This could conflict to the individual specific working schedule where researcher Langenhoff (2011) (as cited in Soh, 2018) found that married people especially women tend to have higher rate of absenteeism in work due to the sensitivity of hers toward her family responsibilities when it is comparing to the opposite gender. Family responsibilities include of taking care of their child, elderly, and illness of their family members or pets. Most of this category people is most unlikely to take care of themselves, thus, employees with these responsible tend to have higher rate of absenteeism in work (Soh, 2018).

Another major factor that leads to absenteeism is substance abuse (Soh, 2018). The abusing used of alcohol, drugs or tobacco is often refer to substance abuse which can make a single person become drug addict, alcoholic, and smokers if it is a habit of the person. There are higher chance of the person to absence from work mainly due to a low energy level the person possesses which make them don’t feel like working. Besides, all these habits will lead a serious health problem is the habits go on for long term, then eventually lead to sick absence at the workplace (Soh, 2018).

2.2.4 Work-related Factors (Independent Variables)

The work-related factors include workload, working environment, and work characteristics (Baydoun et al., 2016). Working environment refers to the working surroundings that impact human beings during working time. According to Saba (2015), the working environment includes systems, processes, structures, and tools that interact with employees but may negatively or positively affect performance. It can be the physical geographical location, quality of air, noise level and facilities that can directly affect employee's wellbeing.

Besides, nurses play a crucial role in taking care of the patient. With the high demand for nurses, nurses face a dilemma when they are sick. This is because both absenteeism and presenteeism will bring trouble to their colleagues (Schneider, Winter & Schreyögg, 2017). For instance, in the context of a shortage of nurses due to colleagues absence, other nurses have to increase their working hours even cover absent colleagues' tasks. (Al-Sharif et al., 2017). While reallocation to substitute for absent colleagues can create both physical and mental stains. Then, these staff will be absent due to illness caused by workload.

Moreover, Mukwevho, Nesamvuni, and Roberson (2020) pointed out that job scopes can affect lower-level employee absenteeism. Normally, low-level positions' job scopes are easy and simple, but this simple job can make employees feel bored with their work. Mukwevho et al. (2020) study showed lower-level employees who are performing routine tasks felt that their work was not challenging, which led to low motivation to work.

2.2.5 Unplanned Absenteeism among nurses (Dependent Variable)

Absenteeism can be separated into the planned and unplanned absenteeism. Planned absenteeism is those which are informed to the managers and approved by the managers, which include leave from work, study leave, and annual leave. However, unplanned leave is defined as the employee didn't notify their absence to their superior due to sickness, stress, mental ill-health, emergency leave, vehicle failures, caring for sick children, and others (Saruan et al., 2020).

Employee absenteeism is also considered as vital issue in the organization, which lead for the management to take action (Saengchai, Duangkaew & Jermsittiparsert, 2019). Employee absenteeism is considered a sign of poor personal performance, and there are many factors that cause the employee absence, such as work overload, salary issue, the behavior of leaders or managers, sickness, and others (Kanwal et al., 2017).

Another definition of employee absenteeism, it can be brought in the motivation to deeply introduced employee absenteeism. The minimum level of motivation is the level at which the employee's performance is below the required performance. If the employee's performance in doing something reaches the required level, it is called the expected level of motivation. Finally, the human resource management department needs maximum motivation to do things that are not necessary. Employees performing tasks at the highest or lowest levels may result in absenteeism (Suparman et al., 2020).

2.3 Review of relevant Theoretical Framework

2.3.1 Theoretical Model 1

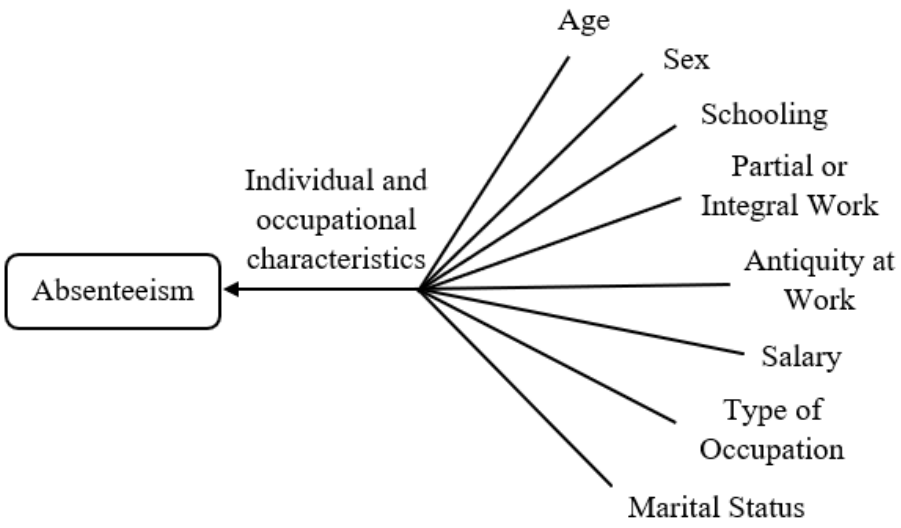


Figure 2.1. Theoretical Model 1

Source: Sampaio, E. & Baptista, J. S. (2019). Absenteeism of public workers - Short review. *Occupational and Environmental Safety and Health*, 202, 345-353. doi: 10.1007/978-3-030-14730-3_37

This model is to show the factors where the variables related to the absenteeism where demographic factors like individual and occupational characteristics including age, gender, schooling, salary, occupation type, marital status and so on. According to Sampaio, Edison, and Baptista (2019) where it reports that these individual and occupational characteristics can determine the absenteeism rate of workers in the company.

The result of the study is to find out the determinants for absenteeism in different economic and cultural realities. From the result, it can know that absenteeism is the problem that causes by various factors and related to most of the determinants of many reasons. The study has suggested many possible causes of absenteeism gives a good analysis of this diversity. The

absenteeism of the employees is related with various sicknesses but slightly lack of motivation to reflect the conflicts directly to the organization.

2.3.2 Theoretical Model 2

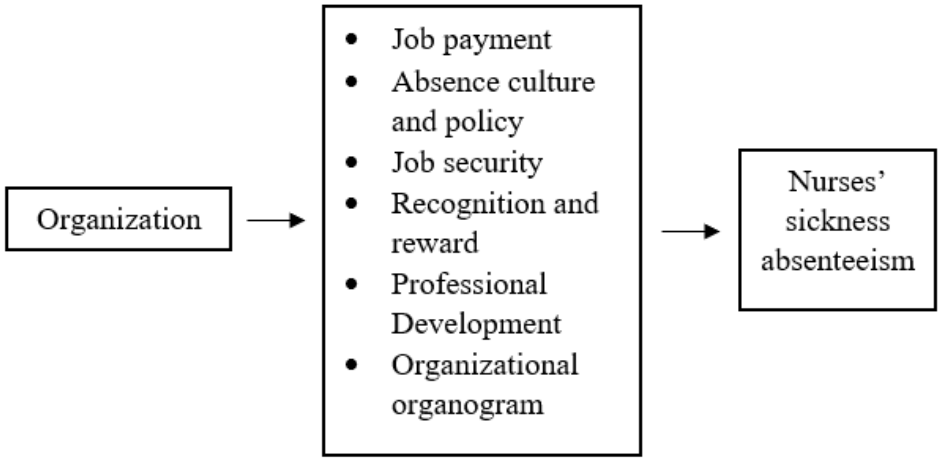


Figure 2.2. Theoretical Model 2

Source: Baydoun, M., Dumit, N., & Daouk-Öyry, L. (2016). What do nurse managers say about nurses' sickness absenteeism? A new perspective. *Journal of Nursing Management, 24*(1), 97–104. doi:10.1111/jonm.12277

This theoretical model was developed by Baydoun, Dumit, and Daouk-Öyry, (2016). The model associates certain organizational factors with the absence of nurses due to illness. Managers explained how organizational factors contribute to nurse absenteeism (Baydoun et al., 2016). Delays in wages make nurses feel that they have not obtained their rights, leading to absenteeism, because employees are often more loyal to the salary than to the workplace. Hospitals should involve nurses in activities, such as selecting the best units and best teamwork, so that they can be appreciated and encouraged. If a hospital does not have a nurse's recognition and reward plan, the nurses will have a negative impact on their interest in work. Nurses

often feel safe at work because the hospital is in the public sector, because they are protected by the government, and they are not easily fired, so they can easily to absent (Baydoun et al., 2016).

Managers also pointed out that the organization lack of absenteeism policy and culture have a negative impact on employee absenteeism. The organization's failure to take any action against nurses who simply notify others that they are not coming to work will cause more and more nurses to follow suit. Nurse absenteeism is closely related to lack of professional development and growth, and that senior nurse should be retained through promotion or daily work. Hospitals can acquire new knowledge by involving nurses in meetings.

2.3.3 Theoretical Model 3

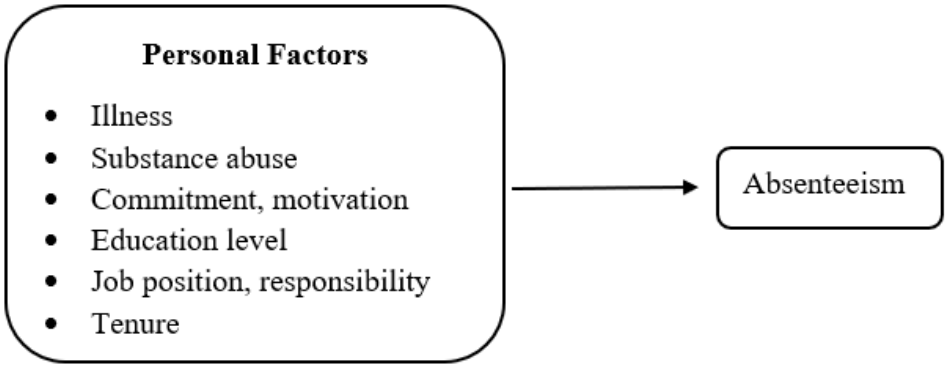


Figure 2.3. Theoretical Model 3

Source: Mulat, F. (2018). *Assessment of causes of employee absenteeism: a case study at Ethiopian revenue and customs authority.* (Doctoral dissertation, St. Mary's University). Retrieved from http://hdl.handle.net/123456789/4257

This theoretical model was developed by Mulat (2018). Based on his research model, he pointed out the causes that will affect absenteeism which include organisational, socio-demographic, and personal. As personal factors that propose in this framework researcher include illness, substance abuse, commitment, motivation, educational level, tenure, job position, and responsibility as the stressor that leads to absenteeism. The study able to regain the factors lead to absenteeism and able to capture a consistent result, where the researcher found out that employee unplanned absenteeism is multifaceted.

The objective of this study was to access the cause of the worker's unplanned absenteeism at Ethiopian Revenue and Customs Authority (ERCA). Referring to the literature and the researchers' findings, respondent of the research was strongly agreed on the statement made by the researcher on illness as a factor causing the absenteeism of employee and followed by substance abuse. Substance abuse is mainly mean by the result of excessive intake of alcohol and drug. The researcher able find out that the major factor that affect absents is that: UN assigned job activity, Substance abuse Consequently, Social incidents like (wedding, death of others etc.) and an illness.

Therefore, there is a strong correlation between organisational, socio-demographic, and personal factors that will affect employee unplanned absenteeism in the workplace. Besides, the researcher also mentioned that lack of achievement, recognition, fewer opportunities of promotion and lack of performance appraisal system will lead to unplanned absenteeism and eventually lead to the lack of job satisfaction of the employee. The researcher further highlights that an organisation with no unplanned absenteeism management will eventually lead to higher absenteeism rate.

2.3.4 Theoretical Model 4

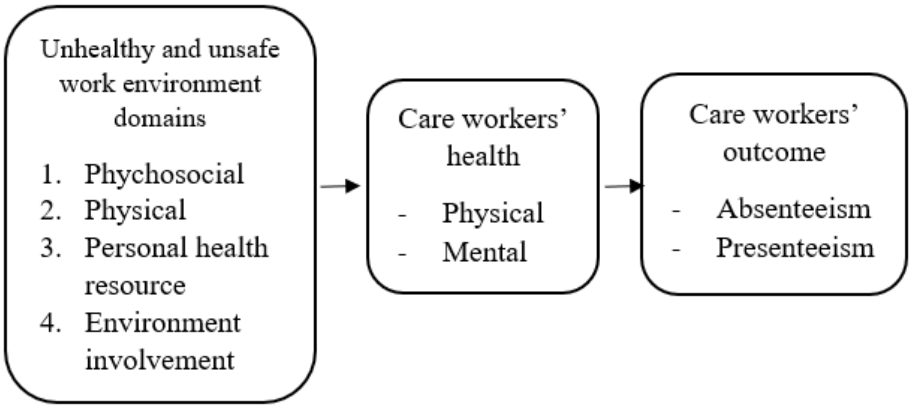


Figure 2.4. Theoretical Model 4

Source: Dhaini, S., Zúñiga, F., Ausserhofer, D., Simon, M., Kunz, R., De Geest, S., & Schwendimann, R. (2016). Absenteeism and presenteeism among care workers in swiss nursing homes and their association with psychosocial work environment: A multi-site cross-sectional study. *Gerontology, 62*(4), 386-395. doi: 10.1159/000442088

This theoretical model was developed by World Health Organization (WHO). This model ties unhealthy workplaces to work-related illnesses that will cause absenteeism and presenteeism. There are four independent variables in this model, namely psychosocial (e.g. daily work practices and workplace stressor), physical (e.g. chemical and biological hazards), personal health resources (e.g. physical inactivity from long working hours, poor diet due to lack of meat time) and enterprises involvement (e.g. supporting communities, providing leadership and expertise related to workplace health and safety to other organizations). Dhaini et al. (2016) adopted this theoretical model to explore psychosocial work environment factors' associations with absenteeism and presenteeism. The first purpose is to determine the prevalence of each provides insight into their importance as a result of caregivers in long-term care settings. The second purpose is to explore psychosocial work environment factors' associations with absenteeism and presenteeism (Dhaini et al., 2016).

The result of the study showed the psychosocial work environment factors that have no relationship with self-report absenteeism. They explain that care workers' work attitudes cannot fully explain absenteeism while other factors such as health statutes also can cause absenteeism (Dhaini et al., 2016).

2.4 Proposed Conceptual Framework

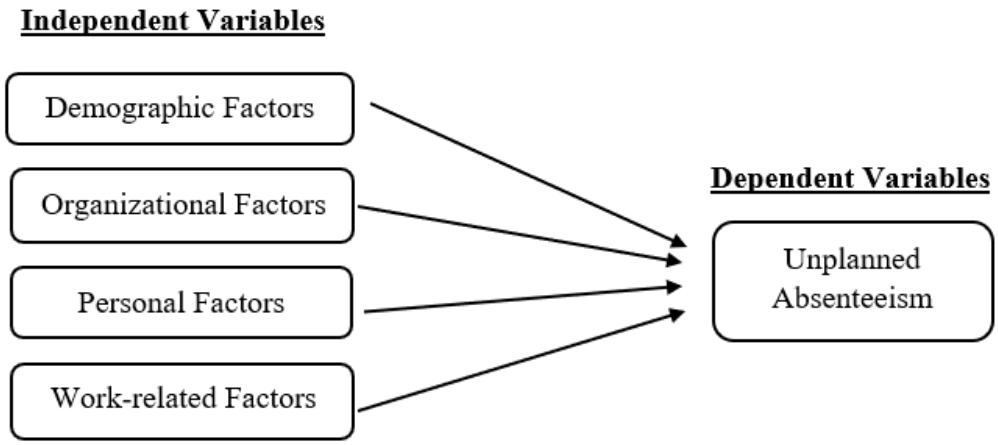


Figure 2.5. Proposed Conceptual Framework

Source: Developed for the research

According to the models proposed by other researchers before this, we developed our own conceptual framework model. The proposed conceptual framework is created in order to find out the relationship between independent variables which are demographic factors, organizational factors, personal factors, work related factors, and dependent variable which is unplanned absenteeism among nurses. In explicit, this research intends to investigate and carry out a better explanation on significant relationship between independent variables which are demographic

factors, organizational factors, personal factors, work related factors, and dependent variable, unplanned absenteeism among nurses.

2.5 Hypotheses Development

2.5.1 There is significant relationship between demographic factors and unplanned absenteeism among nurses

Based on the research by Bouville, Russo, and Truxillo (2018), it reports that the aim of the study is to investigate the relationship between age and absenteeism. In the observation shows that although it is having positive relationship, age can only weakly relate to absenteeism. So, the arguments and hypotheses that are tested where the effect of job characteristics on sickness absenteeism can be moderated by age and can be moderated by other factors. The result of the study shows the job characteristics are related with sickness absence, except for job demands where the value r=0.014 and p greater than 0.05. Other than that, age and group of occupation are related to absenteeism where older workers and blue-collars will be more frequent to absent compared to workers that are younger and clerks ($r = .056$, $p < .01$ and $r = -.031$, $p < .05$, respectively).

Other than that, the research by Mollazadeh et al. (2018) that shows the study identifies that absentees are 17.2% of males and 82.8% females. Through the regression analysis, it illustrates that no obvious relationship between gender and sickness absenteeism. In Khawaja study, sickness absence and gen der do not have association. In this study also shows that no significant relationship between number of median of sickness absenteeism days and demographic and occupational variables.

Furthermore, there is also research that Lei et al. (2019) where in their study shows that having not enough income will causing insufficient sleep time and lead to poor physical health and being stressed. Employees with lower income is prominent with socioeconomic, physical and mental health to predict absenteeism and presenteeism where requires and governments and authorities to enhance the policies.

Therefore, the following hypothesis is proposed:

$H1_0$: The demographic factors are not affected the unplanned absenteeism among nurses in Selangor.

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

2.5.2 There is significant relationship between organizational factors and unplanned absenteeism among nurses

The absence of nurses is related to job payment, rewards, promotion, absence policy and other organizational factors (Baydoun et al., 2016). According to the results, there is a negative correlation between salary and absenteeism. Increasing salary can motivate employees, improve their efficiency, loyalty, and satisfaction, thereby reducing employee absenteeism (Ahmed, 2020). Employees will feel dissatisfied with the unfair pay system of the company, which will lead to a culture in the company, that is, an absentee culture that encourages employees to take sick leave. The more unfair the compensation system, the higher the company's absenteeism rate (Torre et al., 2015). According to Ferro et al. (2018), it has been confirmed that delayed payroll can lead to employees being in a dissatisfied employment relationship, causing them to absenteeism.

According to Rotea, Logofatu, and Ploscaru (2018), found that there is a correlation between rewards and absenteeism. An effective reward policy can motivate employees to work better, thereby increasing their punctuality rate and reducing their absenteeism rate (Rotea et al., 2018). Organizations can encourage employees to complete their work under stressful working conditions by providing benefits and promotion opportunities. Make employees feel that the extra effort they put in can get positive reviews and rewards from the organization. Otherwise, it will increase their stress and it will lead them to absent (Reuver, Voorde & Kilroy, 2019).

Organizations can formulate and improve absenteeism policies by adding penalty and reward systems to reduce temporary absences of employees (Čikeš, Maškarin & Črnjar, 2018). Compared with managers who ignore their subordinates, if employees have a good manager who keeps in touch with them when they are sick, the number of absences due to illness will be reduced (Macdonald & Asanati, 2016). The study found that the support of supervisors and colleagues is negatively correlated with absenteeism, especially the support of supervisors, which can reduce the absenteeism rate of young employees, because the support of supervisors can help them to promote (Bouville et al., 2018). There is a correlation between department, job security and employee absenteeism.

Employees in the public sector have higher job security than employees in the private sector. This makes employees in the public sector more likely to be absent from work than employees in the private sector (Hansen et al., 2018). Workers who sign temporary contracts with organizations have a higher absenteeism rate than workers who sign long-term contracts (Čikeš et al., 2018). Compared with employees on temporary contracts, employees on permanent contracts are more likely to be absent due to illness, as higher employment security is associated with higher absenteeism rates (García et al., 2017).

Therefore, the following hypothesis is proposed:

$H2_0$: The organisational factors are not affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

2.5.3 There is significant relationship between personal factors and unplanned absenteeism among nurses.

Based on the research done by Oche et al. (2018), it says that there one hundred and thirty-eight respondents respond that they were absent from work due to sickness or illness which consist up to 78% of respondent who respond in the researcher findings. Therefore, from the findings, there is a positive relationship between employees unplanned absenteeism and personal factors. However, from the researcher findings, in their study absenteeism rate is at 1.5% where it is consider as medium rate but it can still result in the loss of man-hours. Thus, employee's unplanned absenteeism has been considered as a major factor that led to losses of man-hours, productivity, jobs as well as lives in the health sector (Oche et al., 2018).

Besides, in the findings of researchers Baydoun et al. (2016) point out that their study able to regain nurses' sickness absence from the manager perspective. They are able to point out several factors that influent the sickness absenteeism of nurses from financial, social and cultural, and physical sickness. Thus, nurses' sickness absenteeism is multifaceted. However, commitment for family is the main factor that lead to nurses' absenteeism especially among female nurses. They are more likely to absent themselves from work when they encounter a family obligation, it can be taking care of their younger children who fall sick and need accompany.

Their finding is in congruence with a recent study conducted in the South Africa and it says that family matter are one of the predictor of nurses' absenteeism (Mudaly & Nkosi, 2013) (as cited in Baydoun et al, 2016). From the finding the researcher implies that most of the respondent participated in the findings assumes that sickness absenteeism and absenteeism have a mutual relationship. Therefore, family commitment that falls under the umbrella of personal factors that led to absenteeism have a strong correlation.

In additional, the research completed by Mulat (2018), on the Assessment of causes of employee unplanned absenteeism: a case study at Ethiopian revenue and customs authority it mentioned that substance abuse as a factor that led to unplanned absenteeism. In the finding there are 100 respondents participated in the findings where 89.1% were to agree that illness can be the cause lead to absenteeism. Next to illness is substance abuse which consist of 76.5% or respondent agreed with the criteria articulated in their findings. It is a relatively high percentage of respondent agreed on substance abuse that leads to absenteeism. There is significant respondent agreed on the statement, thus, it shows a positive relationship that substance abuse in personal factors will lead to absenteeism.

Therefore, the following hypothesis is proposed:

$H3_0$: The personal factors are not affected the unplanned absenteeism among in Selangor.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

2.5.4 There is significant relationship between work-related factors and unplanned absenteeism among nurses

Any studies are showing that workload can lead to absenteeism. For example, Saruan et al. (2020) found that workload added to the stress employees experienced at work. Besides, Maila, Martin, and Chipps (2020) study show that heavy workload due to minimum staff level is detrimental to employees' physical and mental health. As a result, it increases absenteeism rates. Moreover, the excessive workload can cause employees to unbalance their health status, leading to a pathological cycle of absenteeism within the organization (Saruan et al., 2020).

Moreover, the working environment is significant associations with absenteeism. For instance, a study conducted by Muralidharan, Chaudhury, Hammer, Kremer, and Rogers (2011) in India found that high absenteeism rate among the doctors in poorer states. The reason causes the high absenteeism rates is poor clinic infrastructure, long commutes and greater remoteness from basic facilities of different types. The result is the same with Chaudhury et al. (2006), logistics of getting to work and the desirability of the primary health care centres' location is correlated with absenteeism in some countries.

Furthermore, Magee, Caputi, and Lee (2016) found out that work characteristics such as job scope, work schedule, and working hours are associated with absenteeism levels. Their study has shown that nurses who are working night shifts have high absenteeism. In addition, Kottwitz, Schade, Burger, Radlinger, and Elfering (2018) study show a negative relationship between job autonomy and absenteeism. In other words, the manager should give employees some degree of freedom to reduce absenteeism.

Therefore, the following hypothesis is proposed:

$H4_0$: The work-related factors are not affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

2.5.5 There is significant relationship between all independent variables and unplanned absenteeism among nurses

According to the study of Mukwevho et al. (2020) show the personal factors, job-related factors, and demography factors have a significant influence on employee unplanned absenteeism. In demography factors, which are gender, marital status, and the number of children lead to family responsibilities, and also lead to employees being unplanned absenteeism in the workplace, especially females. On the other hand, the demography factors will lead to the personal factors, which are the family responsibilities that cause unplanned absenteeism in the workplace, and it found to be a major factor in unplanned absenteeism. This may affect women more than men. Another personal factor is the illness, it has a significant impact on an employee's ability to work and it causes a lack of employee ability to work. Next is the job-related factors, the limited scope of work that led to boredom was identified as a work-related factor contributing to unplanned absenteeism. This is because the majority of respondents have low education levels, leading them to do low-level repetitive work. This study shows another work-related factor that causes employee unplanned absenteeism is working conditions characterized by heavy workload and long working hours, leading to job fatigue and stress.

Based on the study of Kanwal et al. (2017) show the employee absenteeism is a growing management problem in the nurse industry. The main factor causes the nurse absences is the work-related factors and personal factors. Work-related factors such as work overload, job dissatisfaction, erratic staffing, and personal factors are illnesses. Therefore, it brings a negative

impact on patient care. Besides, according to the study of Aishwariyashindhe, Sathyapriya, Vijayalakshimi, and Sudha (2019) found the main factors affect the employee unplanned absenteeism is the work-related factors and personal factors such as work overload, working condition, the relationship between employer, illness, lack of motivation, leader attitude, and others.

Other than this, based on the research of Singh, Chetty, and Karodia (2016) shows the work-related factors and personal factors is the most affect employee unplanned absenteeism. On the other hand, one of the factors that cause employee absenteeism in the long-term is organizational factors, it is because the management fails to manage absenteeism in the workplace adequately.

In addition, according to the study of Ticharwa, Cope, and Murrary (2018), the demographic factors, work-related factors, organizational factors, and personal factors contribute to nursing absenteeism. The demographic factors have a significant influence the employee unplanned absenteeism in the nurse industry. The study shows the young nurse who is less than 30 years of age are perceived to lack commitment to work, and this lack of commitment leads to high absenteeism rates in this age group. This is because younger workers tend to be absent when they are out in the evening or with the onset of a cold, and mature workers may feel the need to show up for work. In addition, the work-related factors have brought a negative impact on nurse unplanned absenteeism, which include job demands, workload, burnout, fatigue, overtime, and others.

Therefore, the following hypothesis is proposed:

$H5_0$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are not affected the unplanned absenteeism among nurses in Selangor.

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are affected the unplanned absenteeism among nurses in Selangor.

2.6 Conclusion

In short, this research provides a literature review on how demographic factors, organizational factors, personal factors, and work-related factors have a significant impact on unplanned absenteeism. This chapter forms the proposed conceptual framework. The assumptions identified will explain in the following chapter.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

In chapter three, we will conduct the methodology of research. It outlines how to collect and analyse data and justify the entire process of research design. These techniques have been used to collect data and analyse results by using primary data and secondary data. It includes research tools, preliminary research, constructs measurements, questionnaires, and data processing. The final data analysis uses the Statistical Package for the Social Sciences (SPSS) software to carry out the result of the research.

3.1 Research Design

The purpose of the research is to determine the factors affecting unplanned absenteeism among nurses in Selangor. Due to information can provide effective and reliable results in a better and more effective way, it also included a set of processes, this set of processes are used to collect, analyse, and interpret data. In this research, it needs to determine which of the quantitative and qualitative research is more suitable to research these two related selected variables (unplanned absenteeism with demographics factors, organizational factors, personal factors, and work-related factors).

Quantitative research is more suitable than qualitative research for distributing questionnaires to obtain a large sample of respondents, and the use of Likert scale questionnaires can distinguish level consistency, so this research chooses quantitative research rather than qualitative research. This research uses Cronbach's alpha to test the reliability of the data in the relationship between two variables

(dependent variable and independent variables). In addition, this research is designed to determine the relationship between unplanned absenteeism and all factors through causal research, then get a result which is a clear concept that all factors will affect unplanned absenteeism.

3.2 Data Collection Methods

This research will collect information and data from respondents through a questionnaire that consists of a set of questions. Distributing and standardized questionnaires at target locations can quickly and effectively cover most respondents, and each respondent will answer similar questions in the survey. Questionnaires are a more appropriate, time-saving, and economical way to collect primary data.

3.2.1 Primary Data

Primary data is mainly collected through questionnaires, observations, interviews, physical tests, or experiments, which are used for specific research projects. The data collected for the first time through personal experience or evidence, so researchers have higher control over how the data is collected. The accuracy rate of primary data is higher because the data is collected in real-time from the field, and it collects the latest data directly from the target respondent. The data collection method used in this research is a questionnaire because it can reach many respondents easily and economically. Standard questionnaires provide quantifiable answers to research topics. These answers are relatively easy to analyse because the primary data does not require special edits because these data are collected for specific research purposes.

3.2.2 Secondary Data

Secondary data is collected from journals, articles, books, newspapers, reports, internal records of the organization, and online database resources. Secondary data can improve the understanding of the problem, save time, and save cost, because it can be accessed at any time, and the only requirement for access is an Internet connection. The accuracy rate of secondary data is not high, because the data are collected and recorded by previous researchers for their own purposes, so the data may not meet the current research purposes. The data collection method used in this research is journals because it provides a wider range of information, and it also provides evidence to support the claim by citing information sources. Before applying for the journal used in this research as a reference, all data must be researched wisely to avoid misunderstanding or misleading information.

3.2.3 Research Instrument

Research instrument is a measurement tool that used to collect, measure and analyse data related to research topics (EBSCOConnect, 2018). Research tools can be questionnaires, surveys, or tests. Most of the researchers will choose to use questionnaires to effectively collect primary data from respondent for specific research purposes, because respondent can achieve efficiency by completing the questionnaire within a few minutes.

3.3 Sampling Design

3.3.1 Target Population

The research's target demographic will be nurses working in the healthcare industry in the Selangor region of Malaysia. According to Hirschmann (2021), there were 108,000 nurses in Malaysia in 2019 and the number of registered nurses in the country has shown an upward trend since 2016.

3.3.2 Sampling Frame and Sampling Location

A group of respondents from the targeted population will be chosen to constitute the sample frame. The Malaysian nursing industry will then be the subject of this research project. However, because accessing to all of Malaysia's hospitals is challenging, we chose the most accessible area as the sampling frame, which is in the Selangor region of Peninsular Malaysia.

Selecting Selangor, Malaysia for our research is because of Selangor as the top region by number of nurses in government and private hospitals in Malaysia. Selangor only consist of 18,428 registered nurses that capture by the department of statistics of Malaysia in both private and government hospital (Jabatan Perangkaan Malaysia, 2021). Therefore, nurses in Selangor region became the sampling location for this research.

The hospital in Selangor that we choose to be our target location are Assuta Hospital, Hospital Ampang, KPJ Selangor Specialist Hospital, Sunway Medical, Pantai Hospital Klang, Subang Jaya Medical Centre, and Columbia Asia Hospital Klang.

3.3.3 Sampling Elements

The sampling elements for this survey in our research will be the nurses in the healthcare industry who worked in the area of Selangor, Malaysia. Next, targeted sampling element of nurses in the healthcare industry will have different position in the hospital sector for our research. Different position such as junior resident, senior resident, chief resident, attending physician, fellow, head of department, medical director, secretary of nursing board, secretary midwifery board, and director of medical practice. Besides, selection of few different hospital whether government or private hospital for nurses to participate in this survey in order to increase the validity for the research study's data.

3.3.4 Sampling Technique

As reported by Taherdost (2016), there are two sampling techniques involves into sampling which is probability sampling and non-probability sampling. Then to ensure a reliable result, this research adopted the snowball sampling methods which under non-probability sampling. The characteristics of snowball sampling method is where networking and referral as its central (Parker, Scott & Geddes, 2019). Parker et al. (2019) says snowball sampling method is among the most favoured sampling methods in qualitative research. Besides, due to the recent spike of Covid-19 cases adopting this method will benefits us in conducting this research. This is because of its characteristics of flexibility and its networking; we are able to access to nurses in Selangor without physically heading to different hospital located in Selangor in order to reduce the risk of infecting Covid-19. In this research, we have invited a small number of the initial contracts (seeds) who is someone working as a nurse in different hospital to participate within the research. Then the participants who willing to take part in the research are then asked to propose other contact who meet the

research criteria and might also willingly to take part, who subsequently refer more possible participants, and so on (Parker et al., 2019)

3.3.5 Sampling Size

Sampling sizes of this research is set on using an adjusted Yamane (1967) formula proposed by researcher Adam (2020), where it is more simplified formula to calculate sample sizes. The formula suggested is able to have a 95% confidence level and P = 0.5.

$$n= \frac{N}{1+N(e)^2}$$

A sample size of 392 respondents were selected from the population and confidence at 95%. From 18,428 nurses in Selangor region in few different hospital, 392 respondents were drawn using the formula above where-

n = the required sample size

N = the population

e = margin of error taken as 5% (0.05)

3.4 Research Instrument

3.4.1 Questionnaire Survey

As Patten (2016) describes questionnaire is an efficient way to collect data as the questionnaire can distribute to all targets with less time needed than telephone or personal interview. At the same time, data or results collected from questionnaires are easy to analyze since items with choices are checked. Besides, questionnaire is less costly than telephone and personal interviews

and most suitable for collecting information on sensitive matters as the respondents are anonymous (Patten, 2016). Hence, this research is going to use the questionnaire to collect primary data on the relationship between independent variables (demographic factors, organizational factors, personal factors, and work-related factors) and the dependent variable (unplanned absenteeism).

3.4.2 Questionnaire Design

Fixed-alternative questions are used in the questionnaire, which can limit the answers given by respondents. The questionnaire for this research is classified into two parts: section A and section B. Section A requires respondents to provide personal information, which consists of 10 questions. Section B consists of 4 subsections: dependent variable: unplanned absenteeism, independent variables: organizational factors, personal factors, and work-related factors. Section B requires respondents to answer a series of questions that might link to unplanned absenteeism. The questionnaire consists of a total of 35 questions and is done by nurses in Selangor, Malaysia.

3.4.3 Pilot Study

In order to test the questionnaire's reliability, we conducted a pilot study before the actual research. According to Conroy (2016) (as cited in Nawi, Tambi, Samat & Mustapha, 2020), the minimum number of respondents are required in the pilot test is 30 respondents. We distribute questionnaires to Hospital Kampar. Then received 39 responses from the hospital. The Statistical Package for the Social Sciences (SPSS) will be used to run the

data that is collected from pilot study. The results have shown in scale of measurement.

The value of the reliability analysis will be interpreted based on Table 3.1 Rule of Thumb of Cronbach's Coefficients Alpha

Table 3.1:

Rule of Thumb of Cronbach's Coefficients Alpha

Alpha Coefficient Range	Strength of Association
< 0.6	Poor
0.6 to < 0.7	Moderate
0.7 to < 0.8	Good
0.8 to < 0.9	Very Good
0.9 >	Excellent

Source: Nawi, F. A. M., Tambi, A. M. A., Samat, M. F., & Mustapha, W. M. W. (2020). A review on the internal consistency of a scale: the empirical example of the influence of human capital investment on Malcom Baldridge quality principles In Tvet institutions. *Asian People Journal (APJ)*, *3*(1), 19-29.

3.5 Construct Measurement

3.5.1 Scale Measurement

3.5.1.1 Reliability Test

Table 3.2:

Reliability Test

Variables	Cronbach's Alpha	Total questions
Dependent variable		
Unplanned Absenteeism	0.823	7
Independent variables		
Demographic Factors	0.831	7
Organizational Factors	0.844	7
Personal Factors	0.811	7
Work-related Factors	0.822	7

3.5.1.2.1 Nominal Scale

The nominal scale is the most basic measurement level. It only assigns a value to an object for identification or classification purposes, and does not indicate any quantity (Zikmund, Carr & Griffin, 2013). As the example below.

Gender:

☐ Male

☐ Female

3.5.1.1.2 Ordinal Scale

Ordinal scale has attribution of nominal scale, which is also known as ranking scale. The value of an object is rank order (Zikmund et al., 2013). As the example below.

What is your level of education?

☐ SPM and below

☐ STPM

☐ Diploma

☐ Degree and above

3.5.1.1.3 Interval Scale

Interval scales have both nominal and ordinal scale attributes, but they also capture information about differences in quantities of a concept (Zikmund et al., 2013). Liker scale is applied in the questionnaire (section B). As the example below.

(SD) = strongly disagree

(D) = disagree

(N) = Neutral

(A) = agree

(SA) = strongly agree

No.	Unplanned Absenteeism	SD	D	N	A	SA
1	I always attend to the daily duty on time.					

Source: Developed for the research

3.5.2 Origins of Sources of Measurement

Table 3.3:

Origins of Source of Measurement in Section B

Dependent Variable	Number of Question	Scale	Source
Unplanned Absenteeism	7	Five Liker scale (strongly disagree – strongly agree)	Kipangule (2017); Kanwal et al. (2017); Alharbi et al. (2018).

Source: Developed for the research

Table 3.4:

Origins of Source of Measurement in Section A and Section B

Independent Variables	**Number of Questions**	**Scales**	**Source**
Demographic Factors	10	Nominal Scale and Ordinal Scale	Þórsdóttir (1985); Zanggi & Razali (2015); Alreshidi, Alaseeri, & Garcia (2019); Saruan et al. (2020).
Organizational Factors	7	Five Liker scale (strongly disagree – strongly agree)	Þórsdóttir (1985); Coffey (2013); Kovane (2015); Goretzki (2016).
Personal Factors	7	Five Liker scale (strongly disagree – strongly agree)	Þórsdóttir (1985); Mulat (2018); Mengistu (2020)
Work-related Factors	7	Five Liker scale (strongly disagree – strongly agree)	Kovane (2015); Kanwal et al. (2017).

Source: Developed for the research

3.5.3 Categories of Questionnaire

Table 3.5:

Categories of Questionnaire- Dependent Variable

Dependent Variable	Construct Measurement
Unplanned Absenteeism	1. I always attend to the daily duty on time. 2. I was satisfied with my performance. 3. I have ever been absent from work in these last two months. 4. I strictly understand the hospital absenteeism policy 5. I easy to get unplanned leave in the hospital. 6. The disciplinary actions taken by the management reduce my absenteeism. 7. Lack of appropriate recognition and reward will lead me lack of motivation and cause absent in my job.

Source: Developed for the research

Table 3.6:

Categories of Questionnaire- Independent Variables

Independent Variables	Construct Measurement
Demographic Factors	1. What is your age? 2. What is your gender? 3. What is your marriage status? 4. Working experience of nurse? 5. The frequency of monthly absenteeism? 6. Do you have child? 7. What is your level of education? 8. How much is your income per month? 9. Are you satisfied with your job? 10. Working hour

Organizational Factors	**Job Payment** 1. My salary is enough to motivate me to work hard at all times. **Reward and Recognition** 1. I have received the remuneration for my extra efforts. 2. Everyone has an equal opportunity for the career development. 3. I have received the recognition for the work I do. **Attendance Policy** 1. The attendance policy of the place where I work is fair and reasonable. **Job security** 1. I am satisfied with the pension, medical aid, achievement bonuses (SPMS) at my workplace. 2. I am secure in my job.
Personal Factors	**Illness and Disease** 1 I absence from work when there is minor symptoms illness like flu, cold, headache, stomach upset. **Substance Abuse** 1. I am more likely to absence from work when I have the addiction of alcohol, drug, smoke due to lower energy that I possess. **Attitude** 1. I have a habit of going to bed late for sleep which makes me absent from my work. 2. I choose to absent from work, whenever I have conflict with my working colleagues or bosses.

	Family and Social Obligation 1. I choose to be absence from work whenever there is social incidents like wedding, deaths or others. 2. I choose to be absence to work, if I encounter transport problem such as lack of taxi/bus, missed public transportation and overcrowding of roads. 3. I choose to be absence from work whenever there is family related problems such as family members gets sick, fight between couple, and visit of other family members.
Work-related Factors	**Working environment** 1. I encountered considerable noise, poor lighting, crowding of people and/or any problems that concern my physical working conditions. 2. I am satisfied with my working condition. E.g. my job equipment are good in order. **Workload** 1. I can complete the tasks assigned to me on time. 2. I am absent from work due to stress-related illness, e.g. tiredness 3. I am absent from work because I suffer from minor ailments, e.g. headache and backache. **Nature of work** 1. I am satisfied with work content because it is interesting.

	2. I am able to assume full responsibility for all I do.

Source: Developed for the research

3.6 Data Processing

Data processing refers to the process of converting raw data into meaningful information. Data processing includes data checking, data editing, data coding, and data transforming (Sekaran & Bougie, 2019).

3.6.1 Data Checking

Data checking is an important step for researchers to examine questionnaires (Sekaran & Bougie, 2019). Researchers will check for grammatical and spelling errors. The purpose of data verification is to ensure the accuracy of the final data. In this research, the researchers examined the collected questionnaires carefully before proceeding to the next step. Therefore, it is significant to guarantee that all the individual details of the questionnaire have been answered by the respondents and that no questions are left blank.

3.6.2 Data Editing

Data editing is to avoid the biased editing and logical adjustment, avoid missing words, and clarify responses (Sekaran & Bougie, 2019). This process is to ensure that no one manipulates the questionnaire or that the respondent does not fully answer the questionnaire. Then, we use a logical

approach to estimate the missing response. If any missing or defective answer are found, adjustment will be made.

3.6.3 Data Coding

Data coding is a process driven by observed data (Sekaran & Bougie, 2019). The objective of data coding is to remove unused data, to bring meaning for the data, and to summarise collected data. During this process, respondents' answers will be digitized and then entered into SPSS software. Once the responses are tabulated and catalogued in the system, the software analysed the data.

Table 3.7:

Labels and Coding Assigned to the Respondents' Demographic Profile (Section A)

Question No.	Label	Code
1.	Age	1 as 20-29 year old 2 as 30-39 year old 3 as 40-49 year old 4 as 50 year old and above 0 as Missing Data
2.	Gender	1 as Male 2 as Female 0 as Missing Data

3.	Marriage status	1 as Single 2 as Married 3 as Divorcee 4 as Separate 0 as Missing Data
4.	Working experience of nurse	1 as 0-2 years 2 as 3-4 years 3 as 5-6 years 4 as 6 years and above 0 as Missing Data
5.	The frequency of monthly absenteeism?	1 as Never 2 as Once 3 as Two and above 0 as Missing Data
6.	Do you have child?	1 as Yes 2 as No 3 as Not Applicable 0 as Missing Data
7.	What is your level of education?	1 as SPM and below 2 as STPM 3 as Diploma 4 as Degree and above 0 as Missing Data
8.	How much is your income per month?	1 as RM1000 and below 2 as RM1001 – RM3000 3 as RM3001 – RM5000 4 as RM5000 and above 0 as Missing Data
9.	Are you satisfied with your job?	1 as Yes 2 as No 0 as Missing Data

10.	Working hours	1 as Less than 8 hours 2 as 8 hours 3 as More than 8 hours 0 as Missing Data

Source: Developed for the research

Table 3.8:

Label and Coding assigned to Unplanned Absenteeism, Organizational Factors, Personal Factors, and Work-related Factors (Section B)

Question No.	**Label**	**Code**
35 questions	Dependent Variable: • Unplanned Absenteeism Independent Variables: • Organizational Factors • Personal Factors • Work-related Factors	1 as Strongly Disagree 2 as Disagree 3 as Neutral 4 as Agree 5 as Strongly Disagree 0 as Missing Data

Source: Developed for the research

3.6.4 Data Transforming

This is the process of transcribing or converting any form of data into written form to ensure that they can be learned in detail and used with analytical coding (Sekaran & Bougie, 2019). This is how researchers use the Social Science Statistical Package (SPSS) software to transfer possible data to a computer to run reliability tests. The SPSS software analysed the data and published the precise and trustworthy result for the research.

3.7 Data Analysis

In data analysis, analysis and interpretation will be done with data collected through via the Statistical Package for the Social Sciences (SPSS) software.

3.7.1 Descriptive Analysis

Descriptive analysis is the first step of statistical analysis where summarize the data that collected from the research sample. As according to Laerd (2018) who mentions that descriptive analysis is to analysis data and summarize them into more readable and understandable summary. The statistics able to descript the data through graphic via graph and chart. Mode, median and median use to measure the central tendency and range, quartiles, variance and standard deviation are measures of spread.

3.7.2 Scale Measurement

In order to determine the result that stable and consistent, scale measurement would be applied. In this research, Cronbach's alpha based on Statistical Package for the Social Sciences (SPSS) is used and the get result with the range from 0.1 to 1 where 1 is the highest reliability whereas 0.1 is the lowest level. Cronbach's Alpha Values are shown under the table below.

Table 3.9:

Interpretation of Cronbach's Alpha

Alpha Coefficient Range	Strength of Association
< 0.6	Poor
0.6 to < 0.7	Moderate
0.7 to < 0.8	Good
0.8 to < 0.9	Very Good
0.9 >	Excellent

Source: Nawi, F. A. M., Tambi, A. M. A., Samat, M. F., & Mustapha, W. M. W. (2020). A review on the internal consistency of a scale: the empirical example of the influence of human capital investment on Malcom Baldridge quality principles In Tvet institutions. *Asian People Journal (APJ)*, *3*(1), 19-29.

As shown in the table, the alpha-range coefficient determines the reliability level. Poor reliability is deemed with alpha coefficient value is below 0.60. Range from 0.60 to 0.70 is fairly reliable, and the range from 0.70 to 0.80 is good reliability. The 0.80 to 0.95 range results in a higher reliability to another levels. A pilot study is being performed to determine our questionnaire's reliability. The targeted group had distributed and collected 36 questionnaires, and the results are summarized in the table below.

3.7.3 Inferential Analysis

3.7.3.1 Pearson Correlation Coefficient

Pearson Correlation Coefficient mentioned by Schober, Boer, and Schwarte (2018) which said that it is used to figure out the relationship between variables. Correlation mostly can be related with dependent variable and independent variable. This method is used for variables that are categorized under Likert scale and metric scale. Below is a table that illustrates the interpreting of correlation coefficient.

Table 3.10:

Interpretation of Pearson Correlation Coefficient

Absolute Magnitude of the Observed Correlation Coefficient	**Interpretation**
Negligible correlation	±0.00-0.10
Weak correlation	±0.10-0.39
Moderate correlation	±0.40-0.69
Strong correlation	±0.70-0.89
Very strong correlation	±0.90-1.00

Source: Schober, P., Boer, C., & Schwarte, L.A. (2018). Correlation Coefficients: Appropriate use and interpretation. *Anesthesia and Analgesia, 126*(5), 1763-1768.

The value through the interpretation would be range from -1 to +1, where the value shows no linear relationship between 2 variables when the value is 0 and shows stronger relationship that would be near to straight line. Value of r between two variables with +1 would have perfect positive correlation. Perfect negative correlation is seen with value of r is -1. So, value of r is through the relationship between x and y will having higher relation.

The following hypotheses will be tested using Pearson Correlation Coefficient.

$H1_1$: The demographic factors affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors affected the unplanned absenteeism among nurses in Selangor.

$H3_1$: The personal factors affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors affected the unplanned absenteeism among nurses in Selangor.

3.7.3.2 Multiple Regression

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) affected the unplanned absenteeism among nurses in Selangor.

This method is used to find out at least two independent variables to dependent variable in order to measure independent variable and dependent variable percentage. When the result shows high percentage of independent variables, it affects dependent variable by showing the importance of relationship between affecting factors and unplanned absenteeism.

Formula: $Y= a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4$

- Y is dependent variable (unplanned absenteeism)

- a shows the intercept or constant,

- b represents partial regression coefficients and the expected change for dependent variable

- X_1, X_2, X_3… represent independent variables (demographic factors, organizational factors, personal factors, and work-related factor)

3.8 Conclusion

In chapter 3, we briefly explain the research mythology of this research For example, target population, sampling methods and how the data we collect is processed and analysed. In addition, sampling design, research tools and structural measurements are discussed. We will distribute 30 pilot questionnaires and 392 complete research questionnaires. We also used SPSS software to test the reliability of the questionnaire. Last but not least, the sections in Chapter 3 will be analysed, and then the useful data and information collected through questionnaires will be discussed in the next chapter.

CHAPTER 4: RESEARCH RESULTS

4.0 Introduction

All questionnaires are derived from primary data and the results must be investigated and analysed in this chapter. The result of this research included descriptive analyses, scale measurements, and inference analyses to ensure the reliability and validity of the research. The research involved 392 nurses from Selangor, located on the central west coast of Peninsular Malaysia, as respondents, and used the Statistical Package for Social Sciences (SPSS) to interpret the analysis. The results of the analysis mainly included five divisions and required analysis of demographic data, measures of central tendency of structure, reliability tests, Pearson correlation coefficients, and multiple regression analysis.

4.1 Descriptive Analysis

This section will analysis the demographic data collected from total 392 respondents.

4.1.1 Respondent Demographic Profile

4.1.1.1 Age

Table 4.1:

Age

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
20-29 year old	366	93.37	366	93.4
30-39 year old	9	2.30	375	95.7
40-49 year old	17	4.34	392	100.0
50 year old and above	0	0		

Source: Developed from SPSS

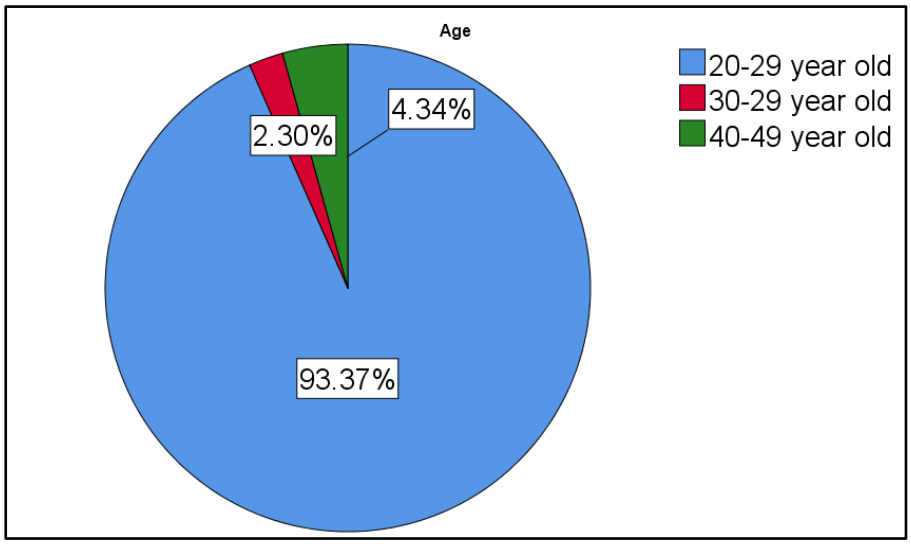


Figure 4.1. Age

Figure 4.1 shows the ages of respondents. 366 (93.37%) out of 392 respondents are in the age of 20-29, 4.34% (17) and 2.30% (9) respondents in the age 40-40 and 30-39 years old, respectively.

4.1.1.2 Gender

Table 4.2:

Gender

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
Male	90	22.96	90	22.96

Female	302	77.04	392	100.0

Source: Developed from SPSS

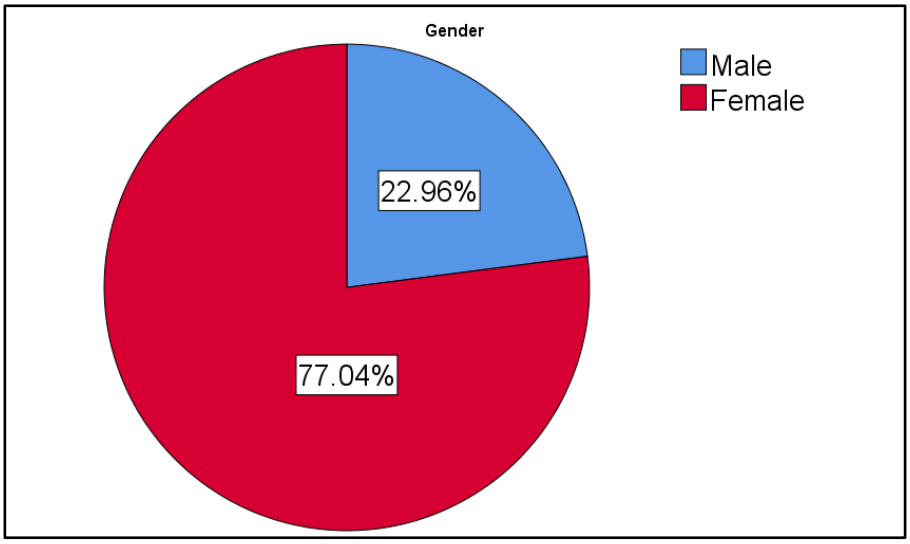


Figure 4.2. Gender

Most of the respondents are female, which occupied 77.04% (302). There are 22.69% (90) respondents who are male.

4.1.1.3 Marriage status

Table 4.3:

Marriage Status

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
Single	294	75.0	294	75
Married	87	22.19	381	97.10
Divorcee	10	2.55	391	99.74
Separated	1	0.26	392	100

Source: Developed from SPSS

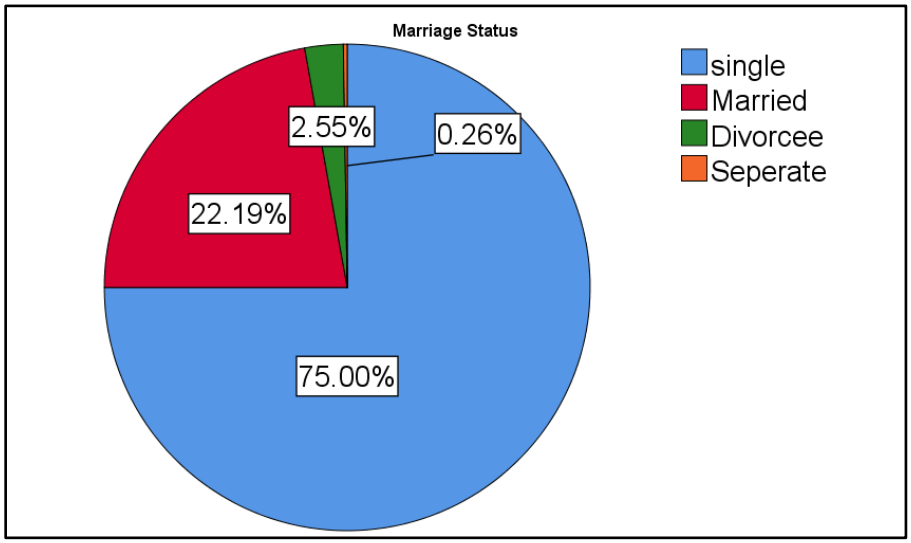


Figure 4.3. Marriage Status

The single occupied the most, which are 294 (75%), followed by married, which occupied 22.19% (87). The divorcee and separated occupied 2.55% (10), and 0.26% (1), respectively.

4.1.1.4 Working experience

Table 4.4:

Working Experience

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
0-2 years	168	42.86	111	42.86
3-4 years	120	30.61	156	73.47
5-6 years	4	1.02	209	74.39
6 years and above	100	25.51	392	100.0

Source: Developed from SPSS

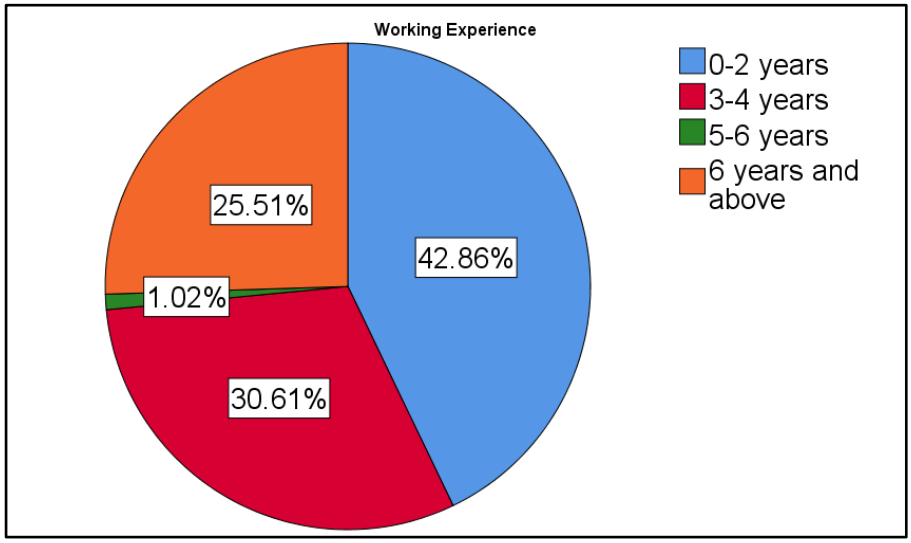


Figure 4.4. Working Experience

Figure 4.4 shows the work experience of the respondents. 168 (42.68%) of the 392 respondents had 0-2 years of work experience. 120 (30.61%) respondents had 3-4 years of work experience, and 100 (25.51%) respondents had 6 years or more of work experience. In the end, only 4 (1.02%) respondents had 5-6 work experience.

4.1.1.5 The frequency of monthly absenteeism

Table 4.5:

The Frequency of Monthly Absenteeism

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
Never	213	54.34	213	54.34
Once	141	36.97	354	91.31
Two and above	38	9.69	392	100

Source: Developed from SPSS

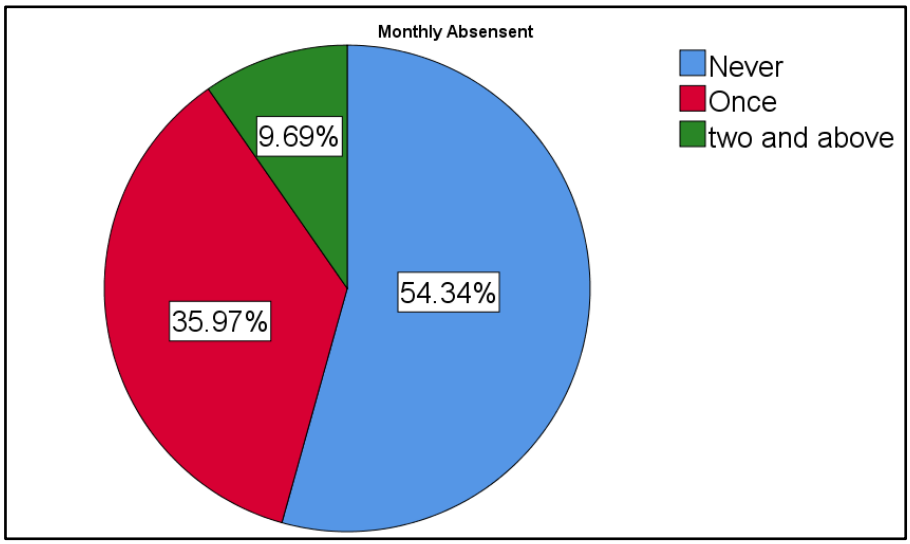


Figure 4.5. The Frequency of Monthly Absenteeism

According to Figure 4.5, 213 (54.34%) respondents indicated that they never took leave within a month. 141(36.97%) respondents said they asked for leave once a month, and 38 (9.69%) respondents said they asked for leave twice or more per month.

4.1.1.6 Number of child

Table 4.6:

Number of Child

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
Yes	35	8.93	35	8.93
No	258	65.82	293	74.45
Not Applicable	99	25.26	392	100

Source: Developed from SPSS

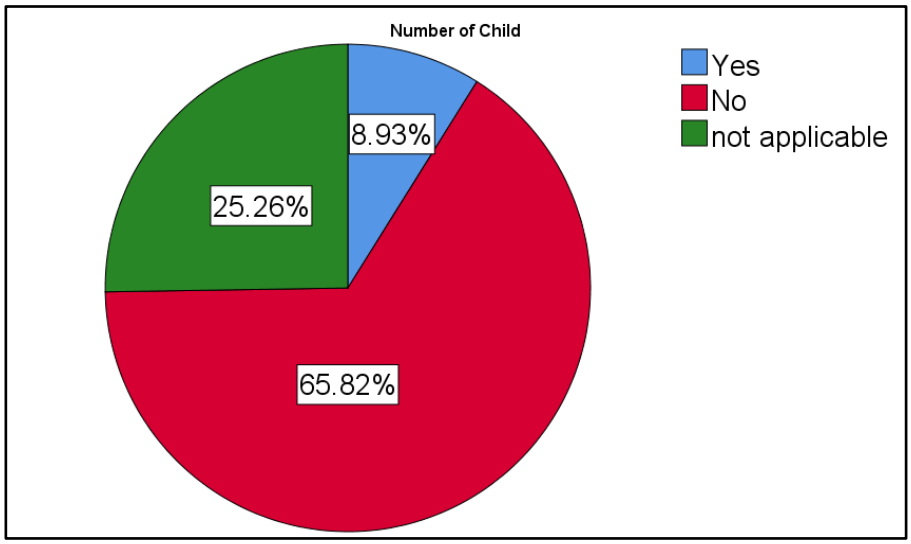


Figure 4.6. Number of Child

Figure 4. 6 shows that 258 (65.82%) respondents had no children, but 35 (8.93%) respondents had at least one child, 99 (25.56%) respondents indicated that this question does not apply to them.

4.1.1.7 Education level

Table 4.7:

Education Level

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
SPM and below	8	2.04	8	2.04
STPM	50	12.76	58	14.8
Diploma	245	62.50	312	77.3
Degree and above	89	22.70	392	100.0

Source: Developed from SPSS

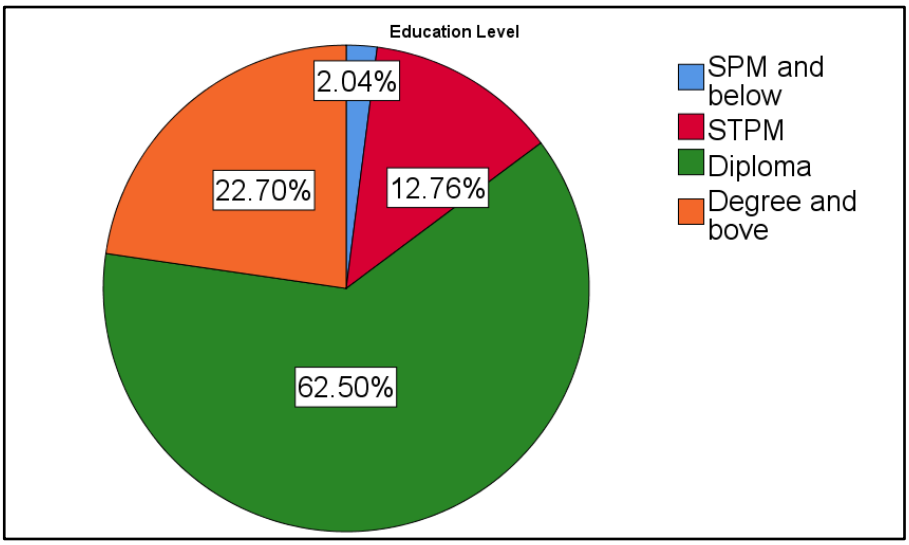


Figure 4.7. Education Level

There are 245 (62.50%) respondents with the qualification of Diploma, followed by degree and above education level with 89 (22.70%) respondents. However, 50 (12.76%) respondents' education level at STPM is higher than the respondents whose education level is at SPM and above by 2.04% (8).

4.1.1.8 Monthly income

Table 4.8:

Monthly Income

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
RM 1000 and below	17	4.34	17	4.34
RM 1001-RM 3000	247	60.46	264	64.8
RM 3001-RM 5000	112	28.57	376	93.37

RM 5001 and above	**26**	**6.63**	**392**	**100.0**

Source: Developed from SPSS

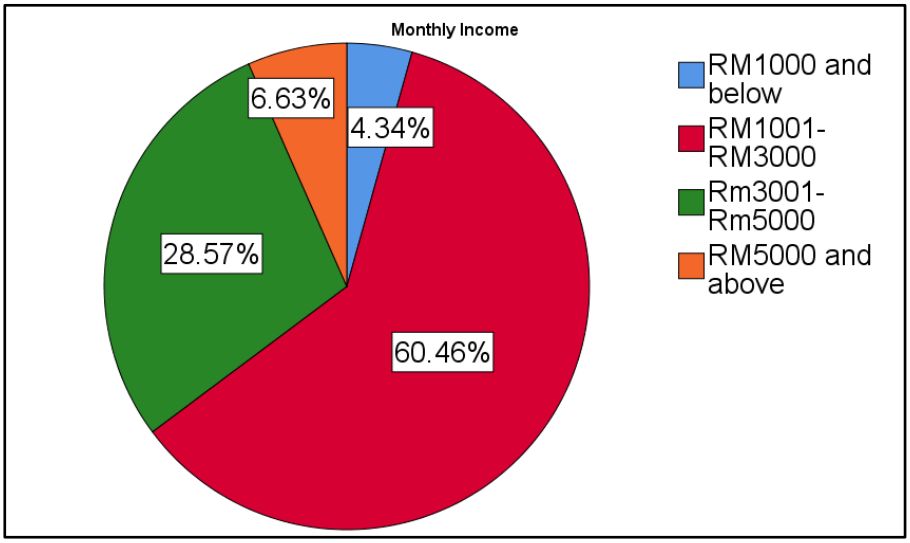


Figure 4.8. Monthly income

Figure 4.8 shows that 60.46% (247) of respondents' monthly income is around RM 1001-RM3000. 28.57% (112) of respondents indicated that their monthly salary falls within RM 3001-RM5000. However, 6.63% (26) of respondents get the highest monthly income, and 4.34% (17) of respondents get the lowest income, RM1000 and below.

4.1.1.9 Job Satisfaction

Table 4.9:

Job Satisfaction

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
Yes	219	55.87	219	55.87
No	173	44.13	392	100.0

Source: Developed from SPSS

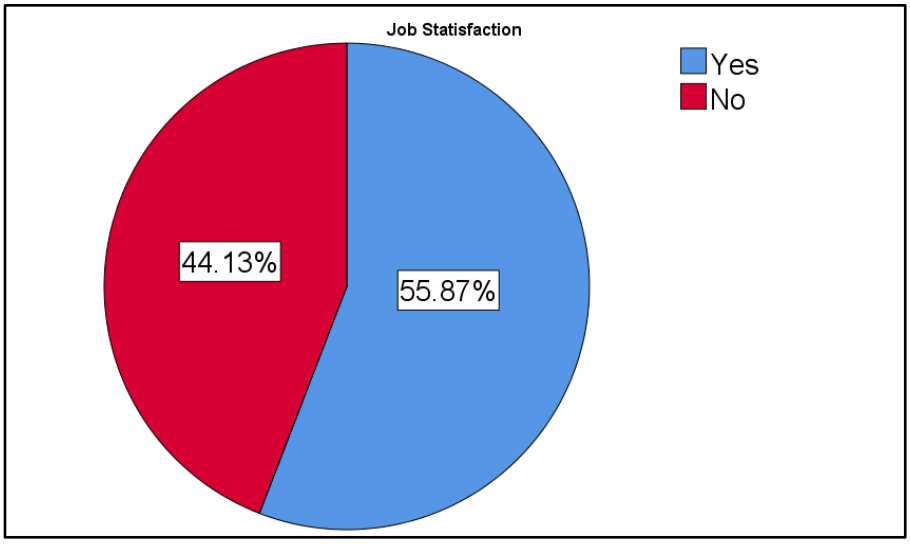


Figure 4.9. Job Satisfaction

As shown in Figure 4.9, 219 (55.87%) respondents are satisfied with their current jobs, but 173 (44.13%) respondents expressed dissatisfaction with their current positions.

4.1.1.10 Working hours

Table 1.10:

Working Hours

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
Less than 8 hours	26	6.63	26	6.63
8 hours	135	34.44	161	41.07
More than 8 hours	231	58.93	392	100.0

Source: Developed from SPSS

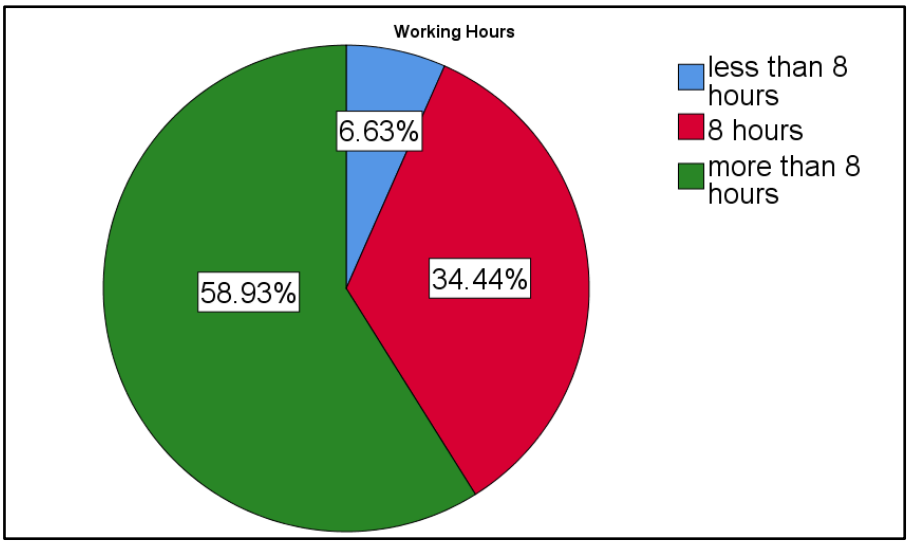


Figure 4.10. Working Hours

According to figure 4.10, most of the respondents worked more than 8 hours, which consisted of 58.93% (231). Besides, 34.44% (133) of respondents work 8 hours, while 6.63% (25) of respondents work less than 8 hours.

4.1.2 Central Tendencies Measurement of Constructs

The value of mean and standard deviation was utilised in the central tendencies assessment of constructs component of our research to indicate the central tendencies of all four intervals scale questions of the questionnaires in our research. The test result of the SPSS system determines the mean and standard deviation of each question.

4.1.2.1 Unplanned Absenteeism

Table 4.11:

Central Tendencies Measurement of Constructs: Unplanned Absenteeism

No	Statement	Mean	Standard Deviation	Mean Ranking	Std. Deviation Ranking
UA1	I always attend to the daily duty on time.	3.845	0.921	5	4
UA2	I was satisfied with my performance.	4.214	0.849	2	6
UA3	I have ever been absent from work in these last two months.	4.097	0.986	3	3
UA4	I strictly understand the hospital absenteeism policy	3.482	1.383	7	2
UA5	I easy to get unplanned leave in the hospital.	3.564	1.393	6	1
UA6	The disciplinary actions taken by the management reduce my absenteeism.	3.944	0.914	4	5
UA7	Lack of appropriate recognition and reward will lead me lack of motivation and cause absent in my job.	4.260	0.576	1	7

Source: Developed from SPSS

In Table 4.11 has showed the results of standard deviation and mean and the order for both value among the seven statements for unplanned absenteeism. Referring above table, UA 7 has the greatest mean value which valued at

4.260 then UA 2 ranked second which has a mean value at 4.214. While UA 3 at the 3rd valued at 4.097 followed by UA 6, UA 1, UA 5 at 3.944, 3.845, 3.564. While the lowest mean value at 3.482 for UA 4. Next, UA5 has the greatest standard deviation valued which valued at 1.393. Next, ranked secondly in standard deviation that valued at 1.383 from statement UA 4, followed by the third highest which is UA 3 with 0.986. While UA7 ranked last in standard deviation valued at 0.576

4.1.2.2 Organizational Factors

Table 4.12:

Central Tendencies Measurement of Constructs: Organizational Factors

No	Statement	Mean	Standard Deviation	Mean Ranking	Std. Deviation Ranking
	Job Payment				
OF1	My salary is enough to motivate me to work hard at all times.	3.768	0.907	5	6
	Reward and Recognition				
OF2	I have received the remuneration for my extra efforts.	3.801	0.971	4	4
OF3	Everyone has an equal opportunity for the career development	3.912	0.996	3	3

OF4	I have received the recognition for the work I do.	3.497	1.398	7	2
	Attendance Policy				
OF5	The attendance policy of the place where I work is fair and reasonable.	3.569	1.400	6	1
	Job Security				
OF6	I am satisfied with the pension, medical aid, achievement bonuses (SPMS) at my workplace.	3.949	0.914	2	5
OF7	I am secure in my job	4.247	0.570	1	7

Source: Developed from SPSS

In Table 4.12 has showed the results of standard deviation and mean together with the order of both mean and standard deviation value among the seven statements of organizational factors. OF 7 have the highest value for mean which is 4.247. Second highest is OF 2 at 3.949, while the third highest is OF 3 at 3.912, followed by OF 2, OF 1, OF5 at 3.801, 3.768, 3.569. The lowest is mean value is OF 4 at 3.497. Next, OF 5 have the greatest value of standard deviation, valued at 1.400, secondly OF 4 at 1.398, while the third highest is OF 3 at 0.996. Followed by OF 2, OF 6, OF 1 at 0.971, 0.914, 0.907. While the lowest value of standard deviation is OF 7 at 0.570.

4.1.2.3 Personal Factors

Table 4.13:

Central Tendencies Measurement of Constructs: Personal Factors

No.	Statement	Mean	Std. Deviation	Mean Ranking	Std Deviation Ranking
	Illness and Disease				
PF1	I absence from work when there is minor symptoms illness like flu, cold, headache, stomach upset.	3.824	0.851	4	6
	Substance Abuse				
PF2	I more likely to absence from work when I have the addiction of alcohol, drug, smoke due to lower energy that I possess.	4.074	0.874	3	5
	Attitude				
PF3	I have a habit of going to bed late for sleep which makes me absent from my work.	4.133	0.917	2	4
PF4	I choose to absent from work, whenever I have conflict with my	3.513	1.434	7	1

	working colleagues or bosses.				
	Family and Social Obligation				
PF5	I choose to be absence from work whenever there is social incidents like wedding, deaths or others.	3.602	1.405	6	2
PF6	I choose to be absence to work, if I encounter transport problem such as lack of taxi/bus, missed public transportation and overcrowding of roads.	3.791	1.134	5	3
PF7	I choose to be absence from work whenever there is family related problems such as family members gets sick, fight between couple, and visit of other family members.	4.250	0.571	1	7

Source: Developed from SPSS

In Table 4.13 has showed the results of standard deviation and mean together with the order of both mean and standard deviation value among the seven statements of personal factors. PF 7 have the greatest value of mean valued at 4.250. Next, ranked secondly is PF 3 at 4.133 and third highest value in mean is PF 2 at 4.074. Then followed by PF 1, PF 6, PF 5 at 3.824, 3.791, 3.602. While the lowest value for mean is PF 4 at 3.513. Next, PF 4 have the highest standard deviation value which is 1.434, secondly PF 5 at 1.405 while third highest is PF 6 at 1.134. Followed by PF 3, PF 2, PF 1 at 0.917, 0.874, 0.851. While the lowest value of standard deviation is PF 7 where it valued at 0.571.

4.1.2.4 Work-related Factors

Table 1.14:

Central Tendencies Measurement of Constructs: Work-related Factors

No.	Statement	Mean	Std Deviation	Mean Ranking	Std Deviation Ranking
	Physical condition:				
WF1	I encountered considerable noise, poor lighting, crowding of people and/or any problems that concern my physical working conditions.	3.765	0.859	5	5
WF2	I am satisfied with my working condition. E.g. my	4.107	0.805	3	6

	job equipment are good in order.				
	Workload				
WF3	I can complete the tasks assigned to me on time.	4.128	0.881	2	4
WF4	I am absent from work due to stress-related illness, e.g. tiredness	3.497	1.398	7	1
WF5	I am absent from work because I suffer from minor ailments, e.g. headache and backache.	3.569	1.396	6	2
	Nature of work				
WF6	I am satisfied with work content because it is interesting.	3.962	0.905	4	3
WF7	I am able to assume full responsibility for all I do.	4.247	0.570	1	7

Source: Developed from SPSS

In Table 4.14 has showed the results of standard deviation and mean together with the order of both mean and standard deviation value among the seven statements of work-related factors. WF 7 have the greatest value of mean valued at 4.247. Next, ranked secondly is WF 3 at 4.128 and third highest value in mean is WF 2 at 4.107. Then followed by WF 6, WF 1, WF 5 at 3.962, 3.765, 3.569. While the lowest value for mean is WF 4 at 3.497. Next, WF 4 have the highest standard deviation value, which is 1.398,

secondly WF 5 at 1.396 while third highest is WF 6 at 0.905. Followed by WF 3, WF 1, WF 2 at 0.881, 0.859, 0.805. While the lowest value of standard deviation is WF 7 where it valued at 0.570.

4.2 Scale Measurement

4.2.1 Reliability Test

To assess the consistency and accuracy of our questionnaire, we conducted reliability tests on the pilot test in Chapter 3. The results given below were tested in our 392 group surveys to determine the level of reliability in actual research.

Table 4.15:

Results of the Reliability Test

Variables	**Dimensions**	**Number of Items**	**Cronbach's Alpha**		**Result of Reliability**
			Pilot study	**Full study**	
Dependent Variable	Unplanned Absenteeism	7	0.823	0.811	Very Good Reliability
Independent Variables	Demographic Factors	7	0.831	0.737	Good Reliability
	Organizational Factors	7	0.844	0.783	Good Reliability
	Personal Factors	7	0.811	0.798	Good Reliability
	Work-related Factors	7	0.822	0.820	Very Good Reliability

Source: Developed from SPSS

According to Table 4.15, the dependent variable is unplanned absenteeism. Cronbach's Alpha result of unplanned absenteeism in the actual research was 0.811. It was slightly lower than the pilot test result (0.823). However, the unplanned absenteeism is still within very good reliability ranges.

There are four independent variables which are demographic factors, organizational factors, personal factors, and work-related factors. For demographic factors, Cronbach's Alpha in the actual research was 0.737. If compared with the pilot test result (0.831), it is significantly decreased. The Cronbach's Alpha values of demographic factors fall within the range of good reliability.

Moreover, for organizational factors, the result of Cronbach's Alpha in the actual research was 0.783. It was slightly lower than the pilot test result (0.844). The values in the actual research indicate that the organizational factors are within a good reliability range.

Furthermore, for personal factors, the result of Cronbach's Alpha in the actual research was 0.798. If compared with the pilot test (0.811), it decreased significantly. Cronbach's Alpha values of personal factors falls within a good reliability range.

Besides, for work-related factors, the Cronbach's Alpha was 0.820 in the actual research. Compared with the pilot test result (0.822), it was decreased. The values in the actual research indicate that the work-related factors are within a very good reliability range.

4.3 Inferential Analysis

In inferential analysis, Blaikie (2003) mentions that in order to understand results that gained from the probability sample of the population, inferential analysis is used and it is also mentioned that procedure of randomly drawing sample and good rate in getting response. Person's Correlation Coefficient and Multiple Linear Regression Analysis is being used in our research to illustrate the result of correlation together with the summary of model and coefficient.

4.3.1 Pearson's Correlation Coefficient

In order to measure the relationship between variables, Pearson's Correlation Coefficient is being used (Schober et al., 2018). Correlations are the linear relationship context between the dependent variables and independent variables. The interpretation of correlation coefficients show in table below.

Table 4.16:

Interpretation of Pearson Correlation Coefficient

Absolute Magnitude of the Observed Correlation Coefficient	**Interpretation**
Negligible correlation	±0.00-0.10
Weak correlation	±0.10-0.39
Moderate correlation	±0.40-0.69
Strong correlation	±0.70-0.89
Very strong correlation	±0.90-1.00

Source: Schober, P., Boer, C., & Schwarte, L. A. (2018). Correlation coefficients: Appropriate use and interpretation. *Anesthesia and Analgesia, 126*(5), 1763-1768.

Hypothesis 1

$H1_0$: The demographic factors are not affected the unplanned absenteeism among nurses in Selangor.

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

Table 4.17:

Correlations between Unplanned Absenteeism and Demographic Factors

		Unplanned Absenteeism
Demographic Factors	Pearson Correlation	-0.026
	p-value	0.610
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.17, the relationship between demographic factors and the unplanned absenteeism is negative correlation. When demographic factors increases, it does not reflect to unplanned absenteeism among nurse. The demographic factors has correlation of -0.026 with unplanned absenteeism which the coefficient value is considered as negligible correlation in the range of 0.00-0.10. Therefore, their correlation is negligible and since p-value is 0.610 more than alpha value 0.05, demographic factors does not have significant relationship with unplanned absenteeism. In the nutshell, null hypothesis (H_0) is failed to reject and alternative hypothesis (H_1) is not accepted.

Hypothesis 2

$H2_0$: The organisational factors are not affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

Table 4.18:

Correlations between Unplanned Absenteeism and Organizational Factors

		Unplanned Absenteeism
Organizational Factors	Pearson Correlation	0.972
	p-value	<0.01
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.18, the relationship between organisational factor and the unplanned absenteeism is positive correlation. When organisational factors increases, the unplanned absenteeism among nurses increases. The organisational factors has correlation of 0.972 with unplanned absenteeism which the coefficient value is considered as very strong correlation in the range of 0.90-1.00. Therefore, their correlation coefficient is positive since p-value <0.01 is less than alpha value 0.05, organisational factors have significant relationship with unplanned absenteeism. In the nutshell, null hypothesis (H_0) is rejected and alternative hypothesis (H_1) is accepted.

Hypothesis 3

$H3_0$: The personal factors are not affected the unplanned absenteeism among in Selangor.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

Table 4.19:

Correlations between Unplanned Absenteeism and Personal Factors

		Unplanned Absenteeism
Personal Factors	Pearson Correlation	.970
	p-value	<0.01
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.19, the relationship between personal factors and the unplanned absenteeism is positive correlation. When personal factors increases, the unplanned absenteeism among nurses increases. The personal factor has correlation of 0.970 with unplanned absenteeism which the coefficient value is considered as very strong correlation in the range of 0.90-1.00. Personal factors and unplanned absenteeism among nurse shows a significant relationship since p-value <0.01 is less than alpha value 0.05, personal factors have significant relationship with unplanned absenteeism.

In the nutshell, null hypothesis (H_0) is rejected and alternative hypothesis (H_1) is accepted.

Hypothesis 4

$H4_0$: The work-related factors are not affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

Table 4.20:

Correlations between Unplanned Absenteeism and Work-related Factors

		Unplanned Absenteeism
Work-related Factors	Pearson Correlation	.990
	p-value	<0.01
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.20, the relationship between the work-related factors and the unplanned absenteeism is positive correlation. When work-related factors increases, the unplanned absenteeism among nurse increases. The work-related factors has correlation of 0.990 with unplanned absenteeism which the coefficient value is considered as very strong correlation in the range of 0.90-1.00. There is a significant relationship between work-related factors and unplanned absenteeism among nurse since p-value <0.01 is less than

alpha value 0.05, work-related factors have significant relationship with unplanned absenteeism. In the nutshell, null hypothesis (H_0) is rejected and alternative hypothesis (H_1) is accepted

4.3.2 Multiple Linear Regression

Multiple Linear Regression is used to find out the value for two and more independent variable to dependent variable via linear equation by substituting the data acquired. Every x, independent variable is followed with y, dependent variable.

$H5_0$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are not affected the unplanned absenteeism among nurses in Selangor.

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are affected the unplanned absenteeism among nurses in Selangor.

Table 4.21:

Analysis of Variance

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	194.018	4	48.505	4607.673	0.000
Residual	4.074	387	0.011		
Total	198.092	391			

Source: Developed from SPSS

From the table 4.21, the p-value is <0.01 which is lower than 0.05, the alpha value that shows the F-value is significant. The research model is able to explain the relationship between the independent variables (demographic factors, organizational factors, personal factors, and work-related factors) and dependent variable (unplanned absenteeism). This shows that every of the independent variables can be explained significantly the variances of the unplanned absenteeism. Thus, the data supports alternate hypothesis (H_1).

Table 4.22:

Model Summary of R-square Value

R-Square	Adjusted R-Square
0.979	0.979

Source: Developed from SPSS

The value of R-square value is explaining how the independent variables is related with dependent variables. The R-square of independent variables (demographic factors, organizational factors, personal factors, and work-related factors) is 0.979 which suggests that this model is 97.9% explain the dependent variable variation and 2.1% of them not explainable via the model which mentions other factors applicable to explain unplanned absenteeism.

Table 4.23:

Parameter Estimates

Variable	Unstandardized Coefficients Beta	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.

(Constant)	-0.011	0.036		-0.306	0.760
Demographic Factors	0.012	0.010	0.008	1.143	0.254
Organizational Factors	-0.010	0.040	-0.010	-0.261	0.794
Personal Factors	0.004	0.036	0.004	0.115	0.909
Work-related Factors	1.008	0.051	0.996	19.952	0.000

Source: Developed from SPSS

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

Based on table 4.23, the result of demographic factors is not significant to interpret the dependent variable (unplanned absenteeism) as the p-value for demographic factors with a p-value of 0.254 which more than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 2 is rejected.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

Based on table 4.23, the result of organisational factors is not significant to interpret the dependent variable (unplanned absenteeism) as the p-value for organizational factors with a p-value of 0.794 which more than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 3 is rejected.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

Based on table 4.23, the result of personal factors is not significant to interpret the dependent variable (unplanned absenteeism) as the p-value for

personal factors with a p-value of 0.909 which more than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 4 is rejected.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

Based on table 4.23, the result of work-related factors is significant to interpret the dependent variable (unplanned absenteeism) as the p-value for work-related factors less than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 5 is accepted.

Regression Equation:

Formula: Y= a + b1X1 + b2X2 + b3X3 +b4X4

Unplanned Absenteeism = -0.011 + 0.004 (personal factors) – (0.010) (organisational factors) + 1.008 (work-related factors) + 0.012 (demographic factors)

- Y represent the dependent variable (unplanned absenteeism)

- a represents the intercept or constant,

- b was the partial regression coefficients, also mean the expected change in the

Dependent variable

- $X1$, $X2$, $X3$… represent independent variables (demographic factors, organizational factors, personal factors, and work-related factors,)

The table illustrates the parameter estimates on contribution of every independent variable to dependent variable and work-related factors with value of 1.008 as strongest variable effect on unplanned absenteeism. Secondly, the demographic factors with value of 0.012 followed by 0.004 value of parameter estimate of personal factors. Lastly, the organisational

factors with the value of -0.010. Work-related factors contributes the most and affecting the unplanned absenteeism. Hence, it is proposed that work-related factors need to be concerned and propose appropriate solutions to resolve the unplanned absenteeism.

4.4 Conclusion

Descriptive analysis, reliability analysis, and inferential analysis have been carried out to analyse the data obtain from the questionnaires in this chapter. The result illustrated that there is a significant relationship between the dependent variables (unplanned absenteeism) and the independent variable (work-related factors), and there is no significant relationship between the dependent variables (unplanned absenteeism) and independent variables (demographic factors, organizational factors, and personal factors). The outcome and clarifications based on the analysis, further discussions, and major findings will be carried out in the last chapter of this research.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.0 Introduction

We will discuss major findings and draw a conclusion in this chapter. Chapter 5 consists of 6 parts. First of all, we will summarize statistical analysis and discuss the major finding on how the independent variables give an impact on the dependent variable in the following part. After that, we will discuss the implication and limitations of the research. Lastly, we will give some recommendations for future research and draw a conclusion for our research.

5.1 Summary of Statistical Analysis

There are total 392 nurse from Selangor have participated in the survey in which 302 (77.04) are female, 90 (22.96%) are male. There are total 366 (93.37%) respondents are around 20-29 year old, 17 (4.34%) respondents are around 40-49 year old, and 9 (2.30%) respondents are around 30-39 year old 384 out of 392 (77.04%) respondents are female, while 8 (22.96%) respondents are male.

Besides, 294 out of 392 respondents are single, which occupied 75%, married respondents with 46.2% about 87 respondents. There are 10 (2.55%) divorcee and 1 (0.26%) separated. For the work experience, there are 168 (42.86%) respondents who have around 0-2 years' work experience, followed by 3-4 years' work experience with 120 (30.61%) respondents. Besides, respondents who have 6 years and above work experience consist of 100 (25.51%), while only 4 (1.02%) respondents have 5-6 years of work experience.

Subsequently, the majority of respondents (213 or 54.34%) who participated in the survey indicated that they had never asked for leave within a month, 141 (36.97%) respondents had taken leave once in a month, 38 (9.69%) of respondents had taken the leave at least 2 in a month. However, our survey results were not the same as previous studies, as other studies indicated that most of them would be absent from their work. In our survey, most of the respondents were never absent from work may be due to nurses' ethics during the Covid-19 pandemic. Alloubani, Khater, Akhu-Zaheya, Almomani, and Alashram, (2021) study shows sympathy has been indicated as a nursing ethical value with traits of understanding the needs of patients and their families and providing care based on moral and ethical standards, thus nurses felt that they are the obligation of nurses to provide care for patients, especially during a pandemic. At the same time, nurses' ethics also showed in Malaysia during the worst of the pandemic. For example, 3,000 retired nurses have registered to come back to serve on the frontline in 2020, in order to help to contain the Covid-19 outbreak (Chan, 2020).

For the number of child, the highest portion of respondents have no child (258 or 65.82%), 35(8.93%) out of 392 respondents have at least one child. There are 99 (25.26%) respondents who indicated that this question is not applicable to them. For the educational level, the highest portion of respondents is diploma holders (245 or 62.50%), followed by degrees and above (89 or 22.70%). There are total of 50 (12.76%) respondents who hold the STPM certificate, and 8 (2.04%) respondents have SPM and are below education level.

For the monthly income, most of the respondents' income fall with RM 1001-RM 3000 (247 or 60.46%), 112 (28.57%) respondents' income are fall within RM 3001-RM 5000(24%). 26 (6.63%) out of 392 respondents' income at least RM 5001, while 17 (4.34%) respondents income fall below RM 1000.

From the survey, most of the respondents are satisfied with their job (219 or 55.87%), while 173 (44.13%) respondents are not satisfied with their job. The survey result is different from the previous studies, as most of the nurses are dissatisfied with their job. However, in the research of Yew, Yong, Tey, Cheong, and Ng (2020) the factors affecting nurse satisfaction in Malaysia are salary, task

requirements, and organizational policies. However, the salary will be the major factor affecting nurses' job satisfaction in Malaysia. Hence, we can explain that most of the respondents are satisfied with their salaries. However, in our research, other than job satisfaction, working environment, and personal issues may cause nurse absenteeism.

For the working hours, the highest portion of respondents work more than 8 hours (231 or 58.93%), 135 (34.44%) respondents work for 8 hours. Lastly, 26(6.63%) respondents work for less than 8 hours (15.67%).

5.1.1 Summary of Inertial Analysis

5.1.2.1 Pearson Correlation Analysis

Table 5.1:

Pearson Correlation Analysis

Hypotheses	r- value p- value	Conclusion
Hypothesis 1 $H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.	r- value : 0.737 P- value : 0.610	$H1_1$ is not supported
Hypothesis 2 $H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.	r- value : 0.783 P- value: < 0.000	$H2_1$ is supported
Hypothesis 3	r- value : 0.798 P- value: < 0.000	$H3_1$ is supported

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.		
Hypothesis 4 $H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.	r- value : 0.820 P- value: < 0.000	$H4_1$ is supported

Source: Developed from Statistical Package for the Social Sciences (SPSS)

According to the Pearson correlation analysis, the hypothesis 2 ($H2_1$), hypothesis 3 ($H3_1$), and hypothesis 4 ($H4_1$) are correlated with dependents (unplanned absenteeism) as the p-value is less than alpha (α) 0.05. The hypothesis 1 ($H1_1$) is not correlated with dependents as p-value is greater than alpha (α) 0.05.

5.1.2.2 Multiple Linear Regressions

Regression Equation:

Y= a + b1X1 + b2X2 + b3X3

Unplanned Absenteeism = -0.011 + 0.004 (Personal Factors) -0.010 (Organisational Factors) + 1.008 (Work-related Factors) + 0.012 (Demographic Factors)

- Y represent the dependent variable (Unplanned Absenteeism)
- a represents the intercept or constant,

- b was the partial regression coefficients, also mean the expected change in the dependent variable

- $X1$, $X2$, $X3\ldots$ represent independent variables (Demographic Factors, Work Related Factors, Organizational Factors and Personal Factors)

In the research, the work-related factors is the predictor variables that contributes the highest to the variation of the dependent variable (unplanned absenteeism) because the Beta value for this variable is the highest (1.008). Secondly, the demographic factors is second highest contribute to variation of dependent (0.012), followed by organization factors (0.010). The personal factor has the lowest contributes to dependent variables as the Beta value for personal factor is 0.004

5.2 Discussions of Major Findings

5.2.1 Demographic Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 1:

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

$H1_1$ has not supported the result since the p-value (>0.0001) is more than alpha value 0.05. There is not significant relationship between demographics factors and unplanned absenteeism among nurses in Selangor. In addition, the result of correlation coefficient of -0.26, within the coefficient range from ±0.00 to ±0.20 which show the relationship between demographic factors and unplanned absenteeism among nurses in Selangor is negative and almost negligible correlation.

Our research results same as Shapira-Lishchinsky and Raftar-Ozery (2016), demographic factors do not have a apparent impact on employee absenteeism, so employee absenteeism is not affected by age, gender, and seniority. The relationship between age and absenteeism is weak (Bouville et al., 2018). The literature on demographic factors shows that age does not affect employee absenteeism, but age is positively associated with employee physical health, which in turn is positively associated with sick leave. In others word, that employee absenteeism is only weakly associated with age, but age may exacerbate other factors, thereby affecting employee absenteeism (Saruan et al., 2020).

According to Mollazadeh et al. (2018), there is no apparent relationship between sick leave absences and demographics, and even less between gender and employee absences. A non-significant relationship between tenure and absence from work has been found in the healthcare literature (Castel, Ginsburg, Zaheer & Tamim, 2015).

5.2.2 Organizational Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 2:

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

The result based on the analysis, $H2_1$ has not supported since the p-value (>0.0001) is more than alpha value 0.05. The relationship between organizational factors and unplanned absenteeism among nurses in Selangor is not significant. In addition, the result of correlation coefficient of 0.972 within the coefficient range from ±0.90 to ±1.00. Therefore, the

organizational factors and unplanned absenteeism among nurses in Selangor has a positive relationship and very strong correlation.

In this research, the organizational factors do not significantly affect employee absenteeism. Based on Ybema, van der Meer, and Leijten (2016), fair wages and employee absence don't have direct vertical relationship, especially employee sick leave. The implication is that assigning a fair salary to employees is not important in terms of reducing sick leave, and employees will not indirectly increase sick leave because they are not satisfied with the unfair salary.

Attendance policies and incentives do not directly affect employee absences, and even change the behavior of otherwise low absenteeism employees without increasing their attendance. According to Gubler, Larkin, and Pierce (2016), it was shown that attendance incentive programs crowded out previously high performers, causing them to be less punctual, and even after the program was introduced, those with above-average attendance were less productive 8%. These incentive spillovers are caused by the perceived unfairness of previously high attendance employees not being rewarded.

5.2.3 Personal Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 3:

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

$H3_1$ has not supported the result since the p-value (>0.0001) is more than alpha value 0.05. The relationship between personal factors and unplanned

absenteeism among nurses in Selangor is not significant. In addition, the result of correlation coefficient of 0.970 within the coefficient range from ±0.90 to ±1.00, so the personal factors and unplanned absenteeism among nurses in Selangor is positive relationship and very strong correlation.

In our research results, the personal factors do not significantly affect employee absenteeism. According to Alotaibi and Abdelhay (2018), an astonishing finding was found that 57.4% of doctors did not choose to be absent when sick, they will work as usual. And often a large part of the work when sick is the family doctor. According to Shockley, Shen, DeNunzio, Arvan, and Knudsen (2017), family responsibilities have no significant impact on employee absenteeism. There is a myth that women have greater challenges than men in work-family conflict (WFC), however has found that gender no significant affect employee absenteeism in work-family conflict (Shockley et al., 2017).

Based on Boyar, Wagner, Petzinger, and McKinley (2016), research found that employees that having a caregiver role responsibility (CRR) was not significantly associated with employee absenteeism, and a person spending time caring for family members could not predict and represent his or her attendance or absence behavior.

5.2.4 Work-related Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 4:

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

The result based on the analyse show that, $H4_1$ is supported since the p-value (<0.0001) is lower than alpha value 0.05. There is a significant relationship between work-related factors and unplanned absenteeism among nurses in Selangor. In addition, the correlation coefficient value of 0.990 within the coefficient range from ±0.90 to ±1.00. Therefore, work-related factors and unplanned absenteeism among nurses in Selangor has a positive relationship and very strong correlation.

Work-related factors are critical to employee absenteeism, and the increased workload of nurses on duty leads to psychological problems such as stress and depression, so organizations need to take cautious measures (Mbombi, Mothiba, Malema & Malatji, 2018). Nurse managers can provide a dedicated platform to address the concerns of on-duty nurses with the workload of helping absent colleagues, such as psychological and stressful issues (Mbombi et al., 2018). Workplaces should strengthen existing health programs and absenteeism policies to address nurses' mental and physical health.

According to Schneider et al. (2017), nurse absenteeism will lead to an increase in the workload of the nurses on duty, and then the vicious cycle of the nurses on duty becoming sick due to the increased workload. Organizations should reduce nurse workload by improving nurse staffing and allocating nurse workload based on patient severity (Lee & Kim, 2020). The most effective way to reduce nurses' workload is to adequately staff the nursing department.

5.3 Implications of the Study

5.3.1 Theoretical Implications

In our research, we presented a research model which included how demographic, organisational, personal, and work-related factors influence unplanned absenteeism among nurses in Selangor state. In the framework proposed of our research, the research model is based on the framework of various researchers, while there is still a lack of research indicating the relationship between all the factors mentioned that will affect nurse's unplanned absenteeism in the Selangor state of Malaysia. Thus, our research could be helpful in the future research of another researcher's research.

The framework for the research carried out by us indicating an adequate corelation relatively with the data we collected in this research, where it enable us to identify that the organizational, personal, and work-related factors have a significate relationship with the unplanned absenteeism among nurses in Selangor, Malaysia in the research. Hence, we are able to conclude that these three factors have the most impact toward the unplanned absenteeism among nurses in Selangor state, Malaysia in our research.

5.3.2 Managerial Implication

The healthcare sector has been recognised as an industry that has a significant contribution to the society. The role of healthcare provision indication such as nurses provided in the healthcare system and support plays an important role that shows a strong connection between patient satisfaction level. Therefore, absenteeism is not a thing that we could tolerance especially unplanned absenteeism. We found that the organizational, personal, does not have a significant relationship with unplanned absenteeism among nurses while work-related factors has a strong correlation with the unplanned absenteeism among nurses in Selangor, Malaysia. There have been a few studies conducted to determine the main cause of unplanned absenteeism; as a result, we have been able to

narrow down the elements that cause unplanned absenteeism and using our research, we have been able to narrow down the causes that cause unplanned absenteeism. However only work-related factor has a strong correlation with unplanned absenteeism among nurses in Selangor. Hence, it is very important that the managerial team of the healthcare industry to implement strategies to overcome the unplanned absenteeism among nurses in the area of work-related factors which is the most contributor to absenteeism in our finding.

Besides, in our research we found that the work-related factors have a significant positive relationship with unplanned absenteeism among nurses. There are some ways to tackle this problem. For work-related factors, managerial team should make sure that the basic necessity in the workplace for nurses is well equipped, improvement have to be done from time to time as well the necessity for nurses due to the climate change. For example, the managerial team should provide a good measurement of safety precaution such as following the S.O.P sets by the Malaysian government when battling the pandemic of Covid-19, and also providing enough PPE for the nurses who is handling the Covid-19 patient. Therefore, nurses will feel safe and job satisfaction increase while they are working in that environment. Besides, a good structure of workload distribution should be implemented to avoid any unsatisfied double shift nurse which could lead to unplanned absenteeism.

5.3.3 Legal Implication

Absenteeism is a chronic disease in any organisation where employees is the organisation greatest assets, however if the workforce is not able to reach its productivity efficiency the organisation will suffer a great lost not only in the healthcare industry but every industry as well. In our research of unplanned absenteeism among nurses in Selangor, from the data collected

in our research shows that nurses tend to not absence themselves during this crucial time with the country fighting against the pandemic. However, if unplanned absenteeism occurred in the organisation, the legal implication for employee who is in frequent absence may lead to the breached of contract with the employer in the relevant section of Malaysia Employment Act 1955 that deals with absenteeism in section 15(2).

According to s.15(2) of the Employment Act 1955 "*An employee shall be deemed to have broken his contract of service with the employer if he has been continuously absent from work for more than two consecutive working days without prior leave from his employer, unless he has a reasonable excuse for such absence and has informed or attempted to inform his employer of such excuse prior to or at the earliest opportunity during such absence*"

If nurse absence from work and that the nurse's absence is satisfied with all the requirement from the Malaysia Employment Act 1955 section 15(2) the ideal steps to be taken by their employer is to issue a show cause letter and wait for the reply from the employee and to evaluate the reply from their employee and judge if the excuse is acceptable. If the reason is unfit then employer shall punish the particular employee under the criteria of Malaysia Employment Act 1955 section 14(1). According to s.14(1) of the Employment Act 1955 "*An employer may, on the grounds of misconduct inconsistent with the fulfilment of the express or implied conditions of his service, after due inquiry –*

a) *Dismiss without notice the employee;*
b) *Downgrade the employee; or*
c) *Impose any other lesser punishment as he deems just and fit, and where a punishment of suspension without wages is imposed, it shall not exceed a period of two weeks."*

If the situation persists, the employer is able to issue a final warning then termination. Employers need to repeat disciplinary process to ensure the employee is fairly dismissed. The employer bears the burden of proving that the employee was fired fairly under Section 20 of the IRA of 1967. The goal is to show the court that the dismissal was justified or excused, and that the standards of natural justice were followed by giving the employee a chance to explain his absence. Many (but not all) businesses have a disciplinary system in place, which frequently entails more steps than what is determined by case law. If the firm can demonstrate that the disciplinary procedure was followed in its entirety, there is a higher possibility that the court will agree with the company's judgement.

5.4 Limitation to Study

5.4.1 Covid-19 Pandemic

Due to the pandemic, everyone’s life change. This causing the method of collecting data via outdoor interview is not being chosen by the researchers for the safety purpose in order to avoid being infected with COVID-19. Due to this situation, it is more likely to use collecting methods like via email, sharing on related social media group to collect data. In this situation, researchers requires more effort other than sending email to the hospitals and getting contact with friends that working in the particular fields to answer the questionnaire and sharing it to their colleagues.

5.4.2 Respondents’ Participation

During the period the research is being conducted, the research team use three methods to distribute the questionnaire. Firstly, the researchers are

sending the email to the hospitals, sending questionnaire to friends working in related field and posting the questionnaire in the related groups on social media. The questionnaire is not easy to be aware and will only fill the questionnaires during free time. The email sent to the hospitals is rejected for not having related documents.

5.4.3 Time Limitation

A lot of times are spent to send the email to the respondents when carrying out our research and also take a long time to get reply from the respondents. Besides, it needs to be more cautious when we are using the data to carry out the SPSS test as it takes a long time as there is 392 questionnaires required to key in without mistake. With these issues, researchers spend a lot of time when facing these issues but the progress of research is still catching up and not overly left behind. The research team is putting extra effort and utilize the time to accomplish the task.

5.5 Recommendations for Future Research

We have completed the research, even though we are suffering some limitations. However, we still have some recommendations provided for researchers conducting similar research in the future.

First, target respondents should expand to other states in Malaysia instead of focusing only on Selangor. This will broaden the scope of the research and increase the number of respondents. As a result, results can be more representative and universal, while bias problems can be prevented.

In this research research, we are using the snowball sampling method to collect our data. In order to get accurate data from the target population, future researchers should write a letter or send an email to contact the hospital and let them help to distribute the questionnaire.

Besides that, in order to increase the reliability of data, the researchers must design the questions to ensure that all respondents understand the questions. The researchers should use concise and clear words to avoid respondents misunderstanding the meaning of the questionnaire.

5.6 Conclusion

The results of this research indicate a significant relationship between work-related factors and unplanned absenteeism. Besides, this research showed there is not significant relationship between demographic factors, organizational factors, personal factors, and unplanned absenteeism. After the research was completed, awareness of the relationship between unplanned absenteeism and work-related factors in the nursing profession increased. Moreover, this research could help hospitals understand what factors affect nurses' unplanned absences. Therefore, they can manage the nurse unplanned absenteeism to avoid the increase in nurse unplanned absenteeism rate. Lastly, future researchers should conduct further research on this topic to decrease the nurse's unplanned absenteeism rate.

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APPENDIX 1.1

UNIVERSITI TUNKU ABDUL RAHMAN

Faculty of Business and Finance

BACHELOR OF BUSINESS ADMINISTRATION (HONS)

FINAL YEAR PROJECT

TITLE OF TOPIC: A STUDY OF FACTORS AFFECTING UNPLANNED ABSENTEEISM AMONG NURSES IN SELANGOR

Survey Questionnaire

Dear respondent,

We are final year undergraduate student of Bachelor of Business Administration (HONS), form Universiti Tunku Abdul Rahman (UTAR). The purpose of this survey is to study of factors (demographic, organizational, personal, and work-related factors) affecting unplanned absenteeism among nurses in Selangor.

Thank you for your participation.

Instruction:

1. There are TWO (2) sections in this questionnaire. Please answer ALL questions in ALL sections.
2. Completion of this questionnaire will take you approximately 5 to 10 minutes.
3. The content of this questionnaire will be kept strictly confidential.
4. Please be informed that in accordance with Personal Data Protection Act 2020 ("PDPA") which came into force on 15 November 2013, Universiti Tunku Abdul Rahman ("UTAR") is hereby bound to make notice and require consent in relation to collection, recording, storage, usage and retention of personal information.

   Acknowledgement of Notice:

   By completing this survey question, I have been notified by the students and that I hereby understood, consented and agreed per UTAR notice (refer to Appendix I).

Name:	Student ID:	E-mail Address
Law Mei Yin	19ABB04309	meiyin@1utar.my
Lim Zhai Hung	19ABB04272	1900818@1utar.my
Lee Jia Yee	17ABB04215	nicklee5339@1utar.my
Lee Kai H'ng	16ABB05642	hngzai@1utar.my
Rachel Kong Chooi Yee	16ABB05467	rachelcilikong2015@1utar.my

Section A: General Information

The following question refer to the general information of the respondents. Please tick (√) the appropriate box to represent your answer. Your answer will be kept confidential.

1. Age:
   - ☐ 20-29 year old
   - ☐ 30-39 year old
   - ☐ 40-49 year old
   - ☐ 50 year old and above

2. Gender:
   - ☐ Male
   - ☐ Female

3. Marriage status:
   - ☐ Single
   - ☐ Married
   - ☐ Divorcee
   - ☐ Separated

4. Working experience of nurse
   - ☐ 0-2 years
   - ☐ 3-4 years
   - ☐ 5-6 years
   - ☐ 6 and above

5. The frequency of unplanned absenteeism?
   - ☐ Never
   - ☐ Once
   - ☐ Two and above

6. Do you have child?
   - ☐ Yes
   - ☐ No
   - ☐ Not Applicable

7. What is your level of education?
   - ☐ SPM and below
   - ☐ STPM
   - ☐ Diploma
   - ☐ Degree and above

8. How much is your income per month?
   - ☐ RM1000 and below
   - ☐ RM1001 -RM3000
   - ☐ RM3001-RM5000
   - ☐ RM5000 and above

9. Are you satisfied with your job?
   - ☐ Yes
   - ☐ No

10. Working hour:
    - ☐ less than 8 hours
    - ☐ 8 hours
    - ☐ More than 8 hours

Section B: Dependent Variable

The statement in this section is related to nurse absenteeism in hospital industry.

Please tick (√) the best reflects your opinion about the statement using 5 Likert scale which that [(SD) = strongly disagree, (D) = disagree, (N) = Neutral, (A) = agree and (SA) = strongly agree]

Employee Absenteeism:

No.	Employee Absenteeism	SD	D	N	A	SA
1	I always attend to the daily duty on time.					
2	I was satisfied with my performance.					
3	I have ever been absent from work in these last two months.					
4	I strictly understand the hospital absenteeism policy					
5	I easy to get unplanned leave in the hospital.					
6	The disciplinary actions taken by the management reduce my absenteeism.					
7	Lack of appropriate recognition and reward will lead me lack of motivation and cause absent in my job.					

Section B: Independence Variables

The statement in this section is related to nurse absenteeism in hospital industry.

Please tick (√) the best reflects your opinion about the statement using 5 Likert scale which that [(SD) = strongly disagree, (D) = disagree, (N) = Neutral, (A) = agree and (SA) = strongly agree]

Organizational Factors:

No.	Questionnaire	SD	D	N	A	SA
1	**Job Payment**					
1.1	My salary is enough to motivate me to work hard at all times.					
2	**Reward and Recognition**					
2.1	I have received the remuneration for my extra efforts.					
2.2	Everyone has an equal opportunity for the career development.					
2.3	I have received the recognition for the work I do.					
3	**Attendance Policy**					
3.1	The attendance policy of the place where I work is fair and reasonable.					
4	**Job security**					
4.1	I am satisfied with the pension, medical aid, achievement bonuses (SPMS) at my workplace.					
4.2	I am secure in my job.					

Personal Factors:

No.	Questionnaire	SD	D	N	A	SA
1	**Illness and Disease**					
1.1	I absence from work when there is minor symptoms illness like flu, cold, headache, stomach upset.					
2	**Substance Abuse**					
2.1	I more likely to absence from work when I have the addiction of alcohol, drug, smoke due to lower energy that I possess.					
3	**Attitude**					
3.1	I have a habit of going to bed late for sleep which makes me absent from my work.					
3.2	I choose to absent from work, whenever I have conflict with my working colleagues or bosses.					
4	**Family and Social Obligation**					
4.1	I choose to be absence from work whenever there is social incidents like wedding, deaths or others.					
4.2	I choose to be absence to work, if I encounter transport problem such as lack of taxi/bus, missed public transportation and overcrowding of roads.					
4.3	I choose to be absence from work whenever there is family related problems such as family members gets sick, fight between couple, and visit of other family members.					

Work-related Factors:

No.	Work-related factors	SD	D	N	A	SA
1	**Physical condition:**					
1.1	I encountered considerable noise, poor lighting, crowding of people and/or any problems that concern my physical working conditions.					
1.2	I am satisfied with my working condition. E.g. my job equipment are good in order.					
2	**Workload**					
2.1	I can complete the tasks assigned to me on time.					
2.2	I am absent from work due to stress-related illness, e.g. tiredness					
2.3	I am absent from work because I suffer from minor ailments, e.g. headache and backache.					
3	**Nature of work**					
3.1	I am satisfied with work content because it is interesting.					
3.2	I am able to assume full responsibility for all I do.					

Appendix 1.2

Result of Statistical Package for Social Science (SPSS)

A. Reliability Test

1. Dependent Variable - Unplanned Absenteeism

Case Processing Summary			
		N	%
Cases	Valid	392	100.0
	Excluded[a]	0	.0
	Total	392	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.811	7

2. Independent Variables - Demographic Factors

Case Processing Summary			
		N	%
Cases	Valid	392	100.0
	Excluded[a]	0	.0
	Total	392	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.737	10

3. Independent Variables - Organizational Factors

Case Processing Summary			
		N	%
Cases	Valid	392	100.0
	Excluded[a]	0	.0
	Total	392	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.783	7

4. Independent Variables - Personal Factors

Case Processing Summary			
		N	%
Cases	Valid	392	100.0
	Excluded[a]	0	.0
	Total	392	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.798	7

5. Independent Variables - Work-related Factors

Case Processing Summary			
		N	%
Cases	Valid	392	100.0
	Excluded[a]	0	.0
	Total	392	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.820	7

B. Pearson Correlation Coefficient

Correlations						
		ABAVR	DEMOAV	OFAVR	PFAVR	WFAVR
ABAVR	Pearson Correlation	1	-.026	.972**	.970**	.990**
	Sig. (2-tailed)		.610	.000	.000	.000
	N	392	392	392	392	392
DEMOAV	Pearson Correlation	-.026	1	-.036	-.030	-.035
	Sig. (2-tailed)	.610		.478	.559	.495
	N	392	392	392	392	392
OFAVR	Pearson Correlation	.972**	-.036	1	.966**	.982**
	Sig. (2-tailed)	.000	.478		.000	.000
	N	392	392	392	392	392
PFAVR	Pearson Correlation	.970**	-.030	.966**	1	.980**
	Sig. (2-tailed)	.000	.559	.000		.000
	N	392	392	392	392	392
WFAVR	Pearson Correlation	.990**	-.035	.982**	.980**	1
	Sig. (2-tailed)	.000	.495	.000	.000	
	N	392	392	392	392	392
**. Correlation is significant at the 0.01 level (2-tailed).						

C. Descriptive Analysis

1. Unplanned Absenteeism

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
UA 1	392	2.00	5.00	3.8444	.92079
UA 2	392	1.00	5.00	4.2143	.84925
UA 3	392	1.00	5.00	4.0969	.98624
UA 4	392	1.00	5.00	3.4821	1.38301
UA 5	392	1.00	5.00	3.5638	1.39272
UA 6	392	1.00	5.00	3.9439	.91418
UA 7	392	3.00	5.00	4.2602	.57541
Valid N (listwise)	392				

2. Organizational Factors

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
OF 1	392	1.00	5.00	3.7679	.90731
OF 2	392	1.00	5.00	3.8010	.97077
OF 3	392	1.00	5.00	3.9107	.99600
OF 4	392	1.00	5.00	3.4974	1.39784
OF 5	392	1.00	5.00	3.5689	1.39980
OF 6	392	1.00	5.00	3.9490	.91448
OF 7	392	3.00	5.00	4.2474	.56991
Valid N (listwise)	392				

3. Personal Factors

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
PF 1	392	1.00	5.00	3.8240	.85054
PF 2	392	1.00	5.00	4.0740	.87426
PF 3	392	1.00	5.00	4.1327	.91744
PF 4	392	1.00	5.00	3.5128	1.43391
PF 5	392	1.00	5.00	3.6020	1.40507
PF 6	392	1.00	5.00	3.7908	1.13404
PF 7	392	3.00	5.00	4.2500	.57104
Valid N (listwise)	392				

4. Work-related Factors

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
WF 1	392	2.00	5.00	3.7653	.85885
WF 2	392	1.00	5.00	4.1071	.80519
WF 3	392	1.00	5.00	4.1276	.88121
WF 4	392	1.00	5.00	3.4974	1.39784
WF 5	392	1.00	5.00	3.5689	1.39614
WF 6	392	1.00	5.00	3.9617	.90526
WF 7	392	3.00	5.00	4.2474	.56991
Valid N (listwise)	392				

D. Multiple Regression Analysis

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.990[a]	.979	.979	.10260
a. Predictors: (Constant), DEMOAV, PFAVR, OFAVR, WFAVR				

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	194.018	4	48.505	4607.673	.000[b]
	Residual	4.074	387	.011		
	Total	198.092	391			
a. Dependent Variable: ABAVR						
b. Predictors: (Constant), DEMOAV, PFAVR, OFAVR, WFAVR						

Coefficients[a]								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	-.011	.036		-.306	.760	-.081	.060
	PFAVR	.004	.036	.004	.115	.909	-.067	.075
	OFAVR	-.010	.040	-.010	-.261	.794	-.089	.068
	WFAVR	1.008	.051	.996	19.952	.000	.909	1.107
	DEMOAV	.012	.010	.008	1.143	.254	-.009	.032
a. Dependent Variable: ABAVR								

(APPENDIX I)

FACULTY OF BUSINESS AND FINANCE

UNIVERSITI TUNKU ABDUL RAHMAN

Date: 1 April 2022

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that Law Mei Yin (ID No: 19ABB04309) has completed this final year project entitled "A study of factors affecting unplanned absenteeism among nurses in Selangor" under the supervision of Mr. Ravindran a/l from the Department of Business and Public Administration, Faculty of Business and Finance.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,

(Law Mei Yin)

*Delete whichever not applicable

(APPENDIX I)

Universiti Tunku Abdul			
Form Title : **Sample of Submission Sheet for FYP/Dissertation/Thesis**			
Form Number : **FM-IAD-004**	Rev No: **0**	Effective Date: **21 June 2011**	Page No: **1 of 1**

FACULTY OF BUSINESS AND FINANCE

UNIVERSITI TUNKU ABDUL RAHMAN

Date: 1 April 2022

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that Lee Jia Yee (ID No: 17ABB04215) has completed this final year project entitled "A study of factors affecting unplanned absenteeism among nurses in Selangor" under the supervision of Mr. Ravindran a/l from the Department of Business and Public Administration, Faculty of Business and Finance.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,

(Lee Jia Yee)

*Delete whichever not applicable

(APPENDIX I)

FACULTY OF BUSINESS AND FINANCE

UNIVERSITI TUNKU ABDUL RAHMAN

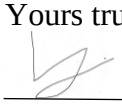
Date: 1 April 2022

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that Lee Kai H'ng (ID No: 16ABB05642) has completed this final year project entitled "A study of factors affecting unplanned absenteeism among nurses in Selangor" under the supervision of Mr. Ravindran a/l from the Department of Business and Public Administration, Faculty of Business and Finance.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,



(Lee Kai H'ng)

*Delete whichever not applicable

(APPENDIX I)

FACULTY OF BUSINESS AND FINANCE

UNIVERSITI TUNKU ABDUL RAHMAN

Date: 1 April 2022

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that Lim Zhai Hung (ID No: 19ABB04272) has completed this final year project entitled "A study of factors affecting unplanned absenteeism among nurses in Selangor" under the supervision of Mr. Ravindran a/l from the Department of Business and Public Administration, Faculty of Business and Finance.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,

(Lim Zhai Hung)

*Delete whichever not applicable

(APPENDIX I)

Universiti Tunku Abdul			
Form Title : **Sample of Submission Sheet for FYP/Dissertation/Thesis**			
Form Number : **FM-IAD-004**	Rev No: **0**	Effective Date: **21 June 2011**	Page No: **1 of 1**

FACULTY OF BUSINESS AND FINANCE

UNIVERSITI TUNKU ABDUL RAHMAN

Date: 1 April 2022

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that Rachel Kong Chooi Yee (ID No: 16ABB05467) has completed this final year project entitled "A study of factors affecting unplanned absenteeism among nurses in Selangor" under the supervision of Mr. Ravindran a/l from the Department of Business and Public Administration, Faculty of Business and Finance.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,

(Rachel Kong Chooi Yee)

*Delete whichever not applicable

(APPENDIX F)

Universiti Tunku Abdul Rahman			
Form Title : Supervisor's Comments on Originality Report Generated by Turnitin for Submission of Final Year Project Report (for Undergraduate Programmes)			
Form Number: FM-IAD-005	Rev No.: 0	Effective Date: 01/10/2013	Page No.: 1of 1

FACULTY OF BUSINESS AND FINANCE

Full Name(s) of Candidate(s)	1. Law Mei Yin 2. Lee Jia Yee 3. Lee Kai H'ng	4. Lim Zhai Hung 5. Rachel Kong Chooi Yee
ID Number(s)	1. 19ABB04309 2. 17ABB04215 3. 16ABB05642	4. 19ABB04272 5. 16ABB05467
Programme / Course	Bachelor of Business Administration (HONS)	
Title of Final Year Project	A study of factors affecting unplanned absenteeism among nurses in Selangor	

Similarity	**Supervisor's Comments (Compulsory if parameters of originality exceeds the limits approved by UTAR)**
Overall similarity index: 15 % **Similarity by source** Internet Sources: 13% Publications: 2 % Student Papers: 7 %	NIL
Number of individual sources listed of more than 3% similarity: Nil	NIL
Parameters of originality required and limits approved by UTAR are as follows: (i) Overall similarity index is 20% and below, and **(ii) Matching of individual sources listed must be less than 3% each, and** **(iii) Matching texts in continuous block must not exceed 8 words** ***Note: Parameters (i) – (ii) shall exclude quotes, bibliography and text matches which are less than 8 words.***	

Note Supervisor/Candidate(s) is/are required to provide softcopy of full set of the originality report to Faculty/Institute

Based on the above results, I hereby declare that I am satisfied with the originality of the Final Year Project Report submitted by my student(s) as named above.

Signature of Supervisor

Name : Mr. Ravindran a/l Nadarajan

Date : 12/04/2022

Signature of Co- Supervisor

Name : _____

Date : _____

Final Year Project

by Law Mei Yin

Submission date: 11-Apr-2022 02:23PM (UTC-0400)
Submission ID: 1807696170
File name: BBA-FYP_report,_FYP_II-batch_24,_Group_no_14.docx (758.86K)
Word count: 20507
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CHAPTER 1: INTRODUCTION

1.0 Introduction

The aim of this research is to investigate the factors affecting unplanned absenteeism among nurse in Selangor. This research will provide a further understanding of how demographics factors, organizational factors, personal factors, and work-related factors have significant effects on absenteeism. In this chapter, it had summarized the research background, problem statement, research goals, research questions, research hypotheses, research significance, chapter layout, and conclusions.

1.1 Research Background

Nurse is the greatest assets to hospital. When there is a patient hospitalised into intensive care unit, nurse is the one who will be spending more time with the patient rather than their family or doctor that treating the patient. This is because nurses must give the intensive care to the patient in order to meet the patients' complex and diverse medical care demands. However, nurses are not receiving as much attention as they deserve in our social community. No matter it is in the private or government hospital in Malaysia or throughout the world (Fukada, 2018). Nurses often placed their own comforts after the needs of patients that they are taking care every day, regardless of work setting this is needed for all the nurses in the healthcare industry (Fukada, 2018). Besides, nurses has an important role to play in the society as well, they are always improving themselves for the character of taking professional responsibilities for unceasingly giving direct care, protecting individual lives and supporting activity of patient for daily living (Fukada, 2018). Nurses is vital to its country towards global health due to the potential of nurses

able to make significant contributions to global health and upholding the Sustainable Development Goals clause 3 and 8 as the aim for it is promote good health and well-being, as well as decent work and economic growth, while nurses play the role as a leader and manager, care providers, educator and researcher. Thus, they played an important role in providing health care and keeping universal access to health care for the society (Wilson et al., 2016). Therefore, nurses are important for a country's healthcare industry; without the competency of nursing, it could affect the nurse's responsibility (Fukada, 2018)

According to TheStar (2018), Malaysia healthcare market is expected to grow at a significant rate that will reach 127% to RM127.9 billion in 2027 from 2017 was only at RM56.3 billion. This is due to the government is pushing with higher healthcare expenditure ("Malaysia's Healthcare Market," 2018). Malaysia was ranked first in the world healthcare category of the International Living Annual Global Retirement Index in 2019 with a score of 95 out of 100 ("Malaysia Ranks," 2019). With Malaysia's sophisticated infrastructure and world class healthcare services Malaysia was able to compete and come out at the top place among the top six countries that received the tittle as well ("Malaysia Ranks," 2019). With the trend of the date received we are able to conclude that healthcare in Malaysia have a high tendency to grow further, therefore it will be putting another stress onto nurses in Malaysia. Thus, with the growth of the sector there will be more requirement for nursing care. Therefore, according to Hadded, Annamaraju, and Toney-Butler (2020), the growth of the healthcare sector will lead to nursing shortage and an unacceptable nurse to patient ratio. When the supply of nursing care by nurses itself cannot cope with the rapid growth of the sector, there will be hospitals with high patient to nurse ratios. Thus, when there is more patient for the nurse to take care of rather than the usual workload, it can lead extra stress onto the nurse due to understaffing. Nurses experience dissatisfaction and burnout where it can lead to absenteeism. In Baydoun, Dumit, and Daouk-Öyry (2016) reserach, there are nurses work for six days per week, bounded with tiredness and lead to absenteeism in workplace. Besides, nurses applied for work due to some family issue, however their request will never be approved due to the understaffing they are facing when there is a rapid growth in the industry that their managers unable

to change their work schedule. All these factors contribute to the work-related stressor that eventually led to absenteeism for nurses.

Moreover, according to Yew, Yong, Tey, Cheong, and Ng (2018) findings, nurses in Malaysia are still underpaid and undervalued, where experienced nurses have a higher tendency to move onto another countries such as Singapore, Australia, and Kuwit that offered much higher offer to them. Nurses are unsatisfied with their low pay. According to Payscale, in Malaysia, the average pays of a nurse which range from RM4,080 per month to RM12,300 per month, where the median salary of nurses is RM6,110 per month. Meaning that, there are 50% of nurses still taking a salary lower than RM6,110 and from the percentiles of nurse's salary shows that there are 25% of people who worked as nurse are earning lesser than RM4,590 while 75% of the others earning more than RM4,590, however only 25% of the 75% of nurses is earning more than RM8,810 per month. This shows that the average pay for nursing is 35% lesser compared to other jobs also pays for health and medical industry are 49% more than those of other jobs industry (Payscale, 2021). The problem of getting lower pay in their work for nurses could lead to job dissatisfaction as researcher Utami and Harini (2019) mentioned in their finding, they are able to identify that the underlying supposition that the job satisfaction can have a direct relationship influencing absenteeism. In other words, the more fulfilled the person job satisfaction, the lower the rate of absenteeism of the person in their workplace. There is more research mentioned that salary is one of the stressor in organisational factors that will lead to the absence of nurses (Baydoun et al., 2016), salary as motivation for nurses that able to make them satisfied towards their work; where lower wages tend to make employees more likely to be absent from work due to the lack of motivation (Batool, Afzal & Gillani, 2019; Torre, Pelagatti & Solari, 2014). Thus, there is a need to investigate the cause that lead to absenteeism for nurses.

Moreover, with the outbreak of pandemic Covid-19, the healthcare system of Malaysia is putting into test with its ability to combat the new outbreak. Due to the rapid spread of the Covid-19 disease, it has caught many healthcare systems off

guard where they are struggling with to cope with the tremendous amount of patient that needed hospital beds, ICU beds, and ventilators. Nurses is going through a storm where there are going through extreme exhaustion, physical discomfort for long working hours with face mask and PPE on (Arnetz, Goetz, Arnetz & Arble, 2020). There is more stress than never before in the whole healthcare system with improper management and administration (Hashim, Adman, Hashim, Radi & Soo, 2021). A combo of physical and emotional strain onto nurses that could lead to more absenteeism among nurses (Arnetz et al., 2020).

In 2015, the cost of absenteeism and attendance in Malaysia was equivalent to 4.5% of GDP. Malaysian employees work approximately 44 hours a week. Compared with British employees who work 35 hours a week, Malaysia loses 66 days a year due to absenteeism and attendance on average, 36 days more than the United Kingdom (Lei et al., 2019). Malaysian employees work longer hours than British employees, resulting in a decline in personal and work-related quality of life, and employees with poor physical conditions are more likely to be absent.

Unplanned absenteeism leads to extra burden to the other staff who is on duty where they have to take on the work that cannot be completed by other staff on that time. Excessive workload will have a negative impact on the other staff health and lead to internal emergencies and a pathological cycle of absenteeism (Saruan, Yusoff, Fauzi, Puteh & Robat, 2020). Unplanned absenteeism can also increase working hours and psychological stress, causing workers to be dissatisfied with their work, thereby endangering patient care, and increasing the risk of medical errors.

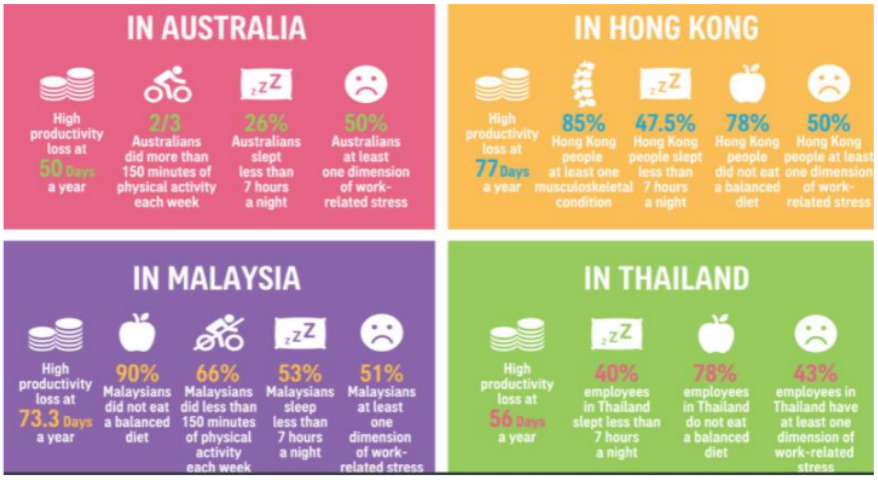
Absenteeism can be defined as the persistence of an employee that absence or continuously missing from a scheduled work that without provide any reasonable statement state that he nor she will be absence for work (Kalita & Nath, 2014). Other researcher reviewed that the definition of absenteeism is that an employee inability to be present at the workplace without any prior permission from the employer (Ugoani, 2015). Malaysian employees have the second highest recorded

which is 67 days of absenteeism and attendance per year in the four countries, Hong Kong ranked first, Singapore and Australia ranked last ("Malaysian Workers", 2017). Malaysian employees have heavy workloads, pressures, and unhealthy lifestyles, so the loss of productivity is the highest among the four countries. High absenteeism and attendance rates can lead to economic losses for the organization and a decline in the personal and work-related quality of life of Asian employees.

Nurses is a significant to the healthcare system in Malaysia, either due to the rapid grow of the healthcare industry and the outbreak of the pandemic where all the factors mentioned above will be a stressor to affect nurses' attendance. Therefore, their attendance is much needed during this crucial time. Thus, it is essential to focus on the research of absenteeism of nurse.

1.2 Problem Statement

In 2018, the absenteeism days of Malaysia are 7.7 days each person a year, which exceed the normal absenteeism days (Jaafar, 2019). At the same time, AIA Group Limited survey also pointed out Malaysia absenteeism and presenteeism days were the total of 73.3 days per employee, which higher than Australia (50 days per employee), and Thailand (56 days per employee). While 73.3 absenteeism and presenteeism days were costing the organization RM 1.46 million per month in 2019 (AIA Group Limited, 2019). Although Malaysian's absenteeism and presenteeism days were lower than Hong Kong, Malaysians' health condition was worse than Hong Kong (e.g. 53% of Malaysian slept less than 7 hours a night while Hong Kong only 47.5%).



Source: AIA Group Limited. (2019). *AIA Vitality: The healthiest workplace*. Retrieved from https://www.aia.com/en/healthy-living/the-healthiest-workplace.html

The nurse is a high-stress occupation. In Malaysia, nurses are occupying the largest workforce in the healthcare industry, constitute 2-3% of the female workforce. (Ong & Kamaludin, 2016). This means that these women need to act in multiple roles in their daily life, such as a wife, as a mother, as a care-giver to family members, as a person who is responsible for doing house chores, and so on. While in their workplace, they need to take care of their patient, communicate with them, doing admin tasks, and so on (Robat, Fauzi, Saruan, Yusoff & Harith, 2021). In addition to work and family stress, with the increase in positive Covid-19 cases, Malaysian nurses are facing physical and psychological health challenges during this time. They need to increase their working hour due to shortage of staff; at the same time, they suffer from psychological distress, depression, anxiety, insomnia, and somatization symptom, and other health problems (Noor, Yusof & Yacob, 2021).

There are studies show that personal factors, work-related factors, and organizational factors will lead to nurse absenteeism. For instance, a study in India conducted by Al-Sharif, Kassem, and Shokry (2017) found that workplace factors and family factors are the main causing factor that leads to absenteeism. In addition, Baydoun et al. (2016) also found that the work-related factors (e.g. working

schedule), organizational factors (e.g. job securities), and personal factors (e.g. family commitments) can caused employees absenteeism.

However, the studies of the relationship between nurses and absenteeism are more in North America and Western Europe (Baydoun et al., 2016), but limited studies in Malaysia (Saruan et al., 2020; Tripathi, Mohan, Tripathi, Verma, Masih & Pandey, 2010). Besides, the exact figure on the number of absenteeism among nurses in Malaysia is unknown (Saruan, Yusoff & Fauzi, 2019). Hence, in this research, we will close up this gap and identify the major factors that affect nurse absenteeism in Malaysia.

1.3 Research Objective

1.3.1 General Objective

The general objective of this research is to investigate the impact of demographic factors, organizational factors, personal factors, and work-related factors on unplanned absenteeism among nurses in Selangor.

1.3.2 Specific Objectives

1. To investigate whether the demographic factors affected the unplanned absenteeism among nurses in Selangor.
2. To investigate whether the organizational factors affected the unplanned absenteeism among nurses in Selangor.
3. To investigate whether the personal factors affected the unplanned absenteeism among nurses in Selangor.
4. To investigate whether the work-related factors affected the unplanned absenteeism among nurses in Selangor.

1.4 Research Question

The following are the research question for this research:

1. Do the demographic factors affect the unplanned absenteeism among nurses in Selangor?
2. Do the organizational factors affect the unplanned absenteeism among nurses in Selangor?
3. Do the personal factors affect the unplanned absenteeism among nurses in Selangor?
4. Do the work-related factors affect the unplanned absenteeism among nurses in Selangor?

1.5 Hypotheses of the Study

There are several assumptions as follows:

Hypothesis 1

$H1_0$: The demographic factors are not affected the unplanned absenteeism among nurses in Selangor.

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

Hypothesis 2

$H2_0$: The organisational factors are not affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

Hypothesis 3

$H3_0$: The personal factors are not affected the unplanned absenteeism among in Selangor.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

Hypothesis 4

$H4_0$: The work-related factors are not affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

Hypothesis 5

$H5_0$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are not affected the unplanned absenteeism among nurses in Selangor.

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are affected the unplanned absenteeism among nurses in Selangor.

1.6 Significance of the Study

Absenteeism can be categorized into planned and unplanned absenteeism Through the research, it is better to know the relationship between factors and review the unplanned absenteeism and identify the factors affecting the absenteeism of the nurse in Malaysia. According to Saruan et al. (2020) mentions that planned voluntary absenteeism is absence due to social responsibility like community meeting or events like annual leave and study leave meanwhile unplanned absenteeism can be self-verified sickness absence, MC as known as medical certified illness absence other issues like vehicle breakdown that unpredictable

when it happened. Through the research, it can identify the factors like personal, work related and organization in the nurse industry in Malaysia.

The importance of our research is to find out the method to cope with the unplanned absenteeism of nurse in hospital of Selangor, Malaysia. Through this research, it will be easier to overcome the unplanned absenteeism of nurse by identifying the factors affecting them and come out with appropriate solution. By solving this problem, it will benefit the society in the way that solve the problem from the root as according to Alharbi et al. (2018) mentions that increase the work satisfaction of nurse via balancing the shift time and number of nurse per shift in order to decrease the absenteeism rate. From the research, it can benefit the nurse as Alharbi et al. (2018) also mentions that the main factors affecting the absenteeism rate like no overtime payment and hard to take permission during shift and if these problems are solved, the job satisfaction of nurse would be enhanced.

According to Alharbi et al. (2018) mentions the importance of our research to the Ministry of Human Resource would be ensure the health care service to be managed well as nurses act as main labor force for hospital and they required to do mostly on taking care of patients. So, the absenteeism factors must be in the consideration by the Ministry of Human Resource. Alharbi et al. (2018) also says that nurses are forced to work overtime and do extra job due to economic factors but would lead them to be stressed as insufficient tie for them.

1.7 Chapter Layout

Chapter 1: Introduction

In the first chapter of this research, the factors that affect unplanned absenteeism will be briefly presented in the nurse industry. This research

will discuss the research background, problem statement, specific goals, research questions, hypotheses, significance, chapter layout, and conclusions.

Chapter 2: Literature Review

The second chapter of this research will interpret the theories how all the factors that are related to unplanned absenteeism, supported by the journals in this chapter. This chapter involves underlying theory, literature review (dependent and independent variables), relevant theoretical model review, proposed conceptual framework, and hypothesis development.

Chapter 3: Research Methodology

Research design, data collecting methods, sampling design, research instrument, constructs measurement, data processing, and data analysis to looking into overall of the research methodology and do a summary of results from the relevant respondents, all these will be briefly illustrated in the third chapter of this research.

Chapter 4: Research Results

This chapter will include collecting questionnaires from the respondent to show the results of the respondent's model. It will conduct a lot of analysis to ensure the validity of the research. These analyses include descriptive analysis, scale measurement, and reasoning analysis. All the analysis results will be processed through the Social Science Statistics Package (SPSS).

Chapter 5: Discussion and Conclusion

The last chapter of this research mainly illustrates the summary of statistical analysis, discussion of the main findings, the significance of the research, limitations of research, and suggestions for future research. All the final discussions and conclusions will discuss in this chapter.

1.8 Conclusion

All the problem statement, goals, hypotheses, and the significance of the research have been approved in this chapter. At the end of this chapter, a review was conducted to allow readers to better understand this research and better understand the relationship between influencing the factors and absenteeism. A literature review and conceptual framework of the research will be disclosed and carried out in the following chapters of the research.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

In chapter two, it will discuss both the dependent variables and independent variables. The dependent variables in this research are unplanned absenteeism, while independent variables are demographics factors, organizational factors, personal factors, and work-related factors. This chapter will start from the underlying theory that applies in our research which is Maslow's Hierarchy of Needs. The end of this chapter will show theoretical frameworks about the impact of all independent variables on unplanned absenteeism in the nurse industry.

2.1 Underlying Theories – Maslow's Hierarchy of Needs

In any organizational establishment they are depending onto the employee's regular and efficient services, while the efficiency of the company is high, thus it will result in better productivity from the worker and lead to better quality as well as more profit generated. However, Steven (as cited in Mulat, 2018) states that an inefficient employee's performance in an organization when there is no clear culprit and no easy cure and one of the main factors contributing towards inefficient employee's performance is absenteeism.

The research topic will be based on Maslow's Hierarchy of Needs which can be found in organizational behaviors theories. Maslow's hierarchy of needs is a basic framework that provides a level of motivation for individual work within an organization. The theory, which classifies human needs according to physiological needs from low to high. It can be classified into five levels: physiological needs, safety and security, love and belonging, self-esteem, and self-actualization (Cholli,

Sreeraj & Pandey, 2017). The physiological needs and safety needs are the basic needs; love and belonging needs and esteem needs are psychological needs; the self-actualization needs are self-fulfillment needs.

From low to high levels, first, the basis of an individual is physiological needs. The lower-level needs must be met first before the higher-level needs can be realized (Manning, 2017). For example, air, water, food, shelter, sleep, clothing, and others. The second is the need for job safety and security (Cholli et al., 2017). This level mainly emphasizes the importance of managers to identify the importance of managers to identify the needs of employees and decide to meet the needs and improve the motivation of employees (Manning, 2017). For example, health, employment, property, family, and social stability.

Once the individual safety and security are satisfied, the next level is love and belonging, which meets the needs accepted by the organization or team (Manning, 2017). Then, for instant, friendship, intimacy, family, and series of connections. Next, self-esteem includes confidence, achievement, respect for others, and the need to be a unique individual (Cholli et al., 2017), which means gaining recognition from the organization and team (Manning, 2017). Lastly is self-actualization, which includes morality, creativity, spontaneity, acceptance, experience purpose, meaning, and inner potential. But before achieving self-actualization, the employees must satisfy psychological needs and self-fulfillment needs (Manning, 2017).

Therefore, the management of nurses or their leaders should take Maslow's hierarchy of needs as reference for a framework that able the top management of hospital in the healthcare industry, so they are able to identify what nurses really need in their workplace especially in the aspect of self-esteem need in the Maslow's Hierarchy of needs. Researcher Fallatah and Syed said that nurses at work, the person is motivated and eager to meet their esteem (or self-esteem) needs, which will fuel their motivation in terms of improving their self-confidence and morale, a

sense of value and usefulness, demonstrating their own capability, and realizing their full potential, thus, with the boost of esteem for nurses they are not likely to be absences from work. Due to this type of needs based on Maslow's Hierarchy of needs, nurses at work are drive by their want for status or reputation, attention, recognition, respect, or importance in this type of need. Employee motivation is influenced by these esteem requirements. As a result, it is critical for the organization to recognize and address the demands of its employees in terms of esteem. Indeed, an employer's failure to recognize an employee's need for esteem could lead to discontent, helplessness, discouragement, inferiority, weakness, or inability, and therefore a demotivated employee at work. The work environment appears to be a primary source of need fulfilment for employees, as it allows them to acquire or accomplish goals such as monetary incentives and societal recognition where unplanned absenteeism is most likely to happen if the esteem needs is not satisfied by nurses (Fallatah & Syed, 2017)

Thus, the hospital management can implement changes and a more engage strategies that is specifically designed to meet the needs of nurses and with that they are able to promote a much higher achievement in reducing absenteeism. Teamwork, safety, leadership growth opportunities, and participation in decision-making is one of those strategies that policy maker should really consider in improving employee engagement to reduce absenteeism (Ashley, JoAnna & Holly, 2020). Therefore, Maslow's Hierarchy of Needs theory is adopted for our research on the underlying theory.

2.2 Review of the Literature

2.2.1 Demographic Factors (Independent Variables)

Demographic factors is a factor that affects the absenteeism of the nurse in Selangor, Malaysia. Demographic factors include age, gender and marriage

status. According to Siu, Spector, Cooper, and Donald (2001) mentions that age is a factor that affect the satisfaction level of job and good mental health of the worker. Besides that, Zawacki, Shahan, and Carey (1995) stated that female nurses will be less satisfied with their supervisors compared to male nurses and male nurses also rated as better five characteristics of work like variant of skill, skill identity, autonomy, task significance and responses than female nurses.

In this research, demographic factors are also causes the nurse absenteeism in Selangor, Malaysia. Demographic factors is so important as RMIT University (2017) reports that demographic is important in the way that it is measurable characteristics like in this research it can easily find out the number of people of specific characteristics. Demographic is good methods to help in profiling.

According to Saruan et al. (2020), demographic factors such as age, gender and marriage status can relate to the intention for nurse to leave but literature of demographic factors influence and show some of conflict findings where the result can be not consistent due to the individualized and special reasons for nurses to turnover where it can be related to different culture and practice.

2.2.2 Organizational Factors (Independent Variables)

The conceptual framework represented by organizational factors includes organizational culture and organizational commitment (Ahmed, Khuwaja, Brohi & Othman, 2018). Organizational factors can be defined as variables that affect individuals, it's mainly related to the workplace, working conditions and the daily experience of employees during working hours. There are many factors affected employee absenteeism, but organizational variables are indispensable, included reward system (Reyner, Margarita,

Gelmar, Alexander & Rodobaldo, 2020). According to Kanwal, Riaz, Riaz, and Safdar (2017), 72.6% of nurses agree that the lack of proper recognition and reward system in organizations will lead to dissatisfaction and absenteeism of nurses, and organizations need a reward system to reduce absenteeism caused by nurses' dissatisfaction with their work.

The organizational factors that lead to the absence of nurses include salary, job security, and organizational absenteeism policy (Baydoun et al., 2016). Salary is a motivation for employees, it can make employees more satisfied in their workplace (Batool et al., 2019). Salary is a stimulant and a tool to reduce absenteeism for employees that work in nursing teams because the salary is a motivating factor for employee job performance, as well as a potential factor for absenteeism (Ferro et al., 2018). Both private and public hospital nursing staff believed that job payment will affect absenteeism, as low job payment will force employees to have more than one job to meet their overhead needs, and lead to absenteeism (Santana, Barros, de Matos & Pimentel, 2019).

The type of contract can affect the employment protection of employees and thus affect absenteeism, with temporary contract workers being relatively easy to dismiss, while regular workers are very difficult to dismiss (García, Green & Navarro Paniagua, 2017). If the organization does not develop a complete absence policy to check and control those employees who are deliberately absent, it will cause more serious conflicts between other employees, and other employees will choose to absent. (Zia-ud-Din, Arif & Shabbir, 2017).

2.2.3 Personal Factors (Independent Variables)

Soh (2018) find that individual factors that include illness and disease, personal attitude, lifestyle and family responsibilities and transportation problem is very possible to after unplanned absenteeism. Absenteeism may affect the productivity, finance, jobs and in the crucial sector of saving live which is the health sector all due to the loss of man-hours caused by unplanned absenteeism (Oche, Oladigbolu, Ango, Okafoagu & Ango, 2018). Healthcare workers play an important role to the community due to the essential element of nurses is to provide quality and efficient of health services. It can lead to a bigger problem when absenteeism prolonged where worker, employer, and society will experience a significant burden due to the workplace absence (Oche et al., 2018).

Illness and disease can be divided into minor or major illness, according to the finding of Bermingham (2013) (as cited in Soh, 2018), short term absenteeism among organisation mainly due to minor illness where employee typically feel unwell. Minor illness mainly cost by flue, colds, stomach upsets and headaches. However, in many cases that employee in fact is well enough to be present to work who took unplanned absent due to minor illness, but study of Bermingham (2013) (as cited in Soh, 2018) argued that minor illness can be different person to person affect the person. According to Netshidzati (2012) (as cited in Soh, 2018), employee may tend to abuse the rights of taking sick leave as the misuse of sick leave and lead to a higher rate of absenteeism.

Besides, attitude strongly reflect on how individual interpret about certain things such as an event, object, and people an issue which may lead to personal view development that every individual may have different judgment. While personal attitude is the characteristic that build up a person where work ethics is usually tide to the personal attitude in workplace (Soh, 2018). According to Randhawa (2017), employee who possess strong work ethic will usually prevent themselves from remaining absent in their work due to the responsibility toward their job. Furthermore, as mentioned by

Hettiararchchi and Jayarathna (2014) (as cited in Soh, 2018), there are certain attitudes where an individual held firmly and it can be difficult to change by authorities and it can be remain in a lifetime for that individual. Attitudes such as laziness that can influence the working behaviour of an individual that indirectly leads to absenteeism as consequences.

Another huge factors that leads to unplanned absenteeism is family obligations. According to Netshidzati (2012) (as cited in Soh, 2018), family obligation is one of the stressors that lead to unplanned absenteeism because it is the root of responsibility to a married man or women to care about their family. This could conflict to the individual specific working schedule where researcher Langenhoff (2011) (as cited in Soh, 2018) found that married people especially women tend to have higher rate of absenteeism in work due to the sensitivity of hers toward her family responsibilities when it is comparing to the opposite gender. Family responsibilities include of taking care of their child, elderly, and illness of their family members or pets. Most of this category people is most unlikely to take care of themselves, thus, employees with these responsible tend to have higher rate of absenteeism in work (Soh, 2018).

Another major factor that leads to absenteeism is substance abuse (Soh, 2018). The abusing used of alcohol, drugs or tobacco is often refer to substance abuse which can make a single person become drug addict, alcoholic, and smokers if it is a habit of the person. There are higher chance of the person to absence from work mainly due to a low energy level the person possesses which make them don't feel like working. Besides, all these habits will lead a serious health problem is the habits go on for long term, then eventually lead to sick absence at the workplace (Soh, 2018).

2.2.4 Work-related Factors (Independent Variables)

The work-related factors include workload, working environment, and work characteristics (Baydoun et al., 2016). Working environment refers to the working surroundings that impact human beings during working time. According to Saba (2015), the working environment includes systems, processes, structures, and tools that interact with employees but may negatively or positively affect performance. It can be the physical geographical location, quality of air, noise level and facilities that can directly affect employee's wellbeing.

Besides, nurses play a crucial role in taking care of the patient. With the high demand for nurses, nurses face a dilemma when they are sick. This is because both absenteeism and presenteeism will bring trouble to their colleagues (Schneider, Winter & Schreyögg, 2017). For instance, in the context of a shortage of nurses due to colleagues absence, other nurses have to increase their working hours even cover absent colleagues' tasks. (Al-Sharif et al., 2017). While reallocation to substitute for absent colleagues can create both physical and mental stains. Then, these staff will be absent due to illness caused by workload.

Moreover, Mukwevho, Nesamvuni, and Roberson (2020) pointed out that job scopes can affect lower-level employee absenteeism. Normally, low-level positions' job scopes are easy and simple, but this simple job can make employees feel bored with their work. Mukwevho et al. (2020) study showed lower-level employees who are performing routine tasks felt that their work was not challenging, which led to low motivation to work.

2.2.5 Unplanned Absenteeism among nurses (Dependent Variable)

Absenteeism can be separated into the planned and unplanned absenteeism. Planned absenteeism is those which are informed to the managers and approved by the managers, which include leave from work, study leave, and annual leave. However, unplanned leave is defined as the employee didn't notify their absence to their superior due to sickness, stress, mental ill-health, emergency leave, vehicle failures, caring for sick children, and others (Saruan et al., 2020).

Employee absenteeism is also considered as vital issue in the organization, which lead for the management to take action (Saengchai, Duangkaew & Jermsittiparsert, 2019). Employee absenteeism is considered a sign of poor personal performance, and there are many factors that cause the employee absence, such as work overload, salary issue, the behavior of leaders or managers, sickness, and others (Kanwal et al., 2017).

Another definition of employee absenteeism, it can be brought in the motivation to deeply introduced employee absenteeism. The minimum level of motivation is the level at which the employee's performance is below the required performance. If the employee's performance in doing something reaches the required level, it is called the expected level of motivation. Finally, the human resource management department needs maximum motivation to do things that are not necessary. Employees performing tasks at the highest or lowest levels may result in absenteeism (Suparman et al., 2020).

2.3 Review of relevant Theoretical Framework

2.3.1 Theoretical Model 1

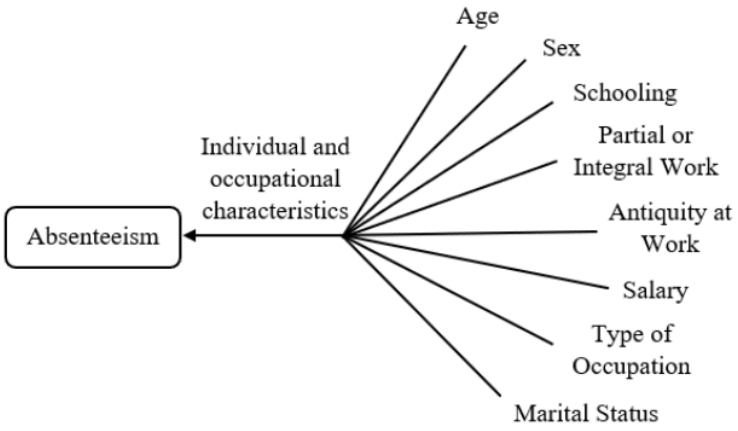


Figure 2.1. Theoretical Model 1

Source: Sampaio, E. & Baptista, J. S. (2019). Absenteeism of public workers - Short review. *Occupational and Environmental Safety and Health,* 202, 345-353. doi: 10.1007/978-3-030-14730-3_37

This model is to show the factors where the variables related to the absenteeism where demographic factors like individual and occupational characteristics including age, gender, schooling, salary, occupation type, marital status and so on. According to Sampaio, Edison, and Baptista (2019) where it reports that these individual and occupational characteristics can determine the absenteeism rate of workers in the company.

The result of the study is to find out the determinants for absenteeism in different economic and cultural realities. From the result, it can know that absenteeism is the problem that causes by various factors and related to most of the determinants of many reasons. The study has suggested many possible causes of absenteeism gives a good analysis of this diversity. The

absenteeism of the employees is related with various sicknesses but slightly lack of motivation to reflect the conflicts directly to the organization.

2.3.2 Theoretical Model 2

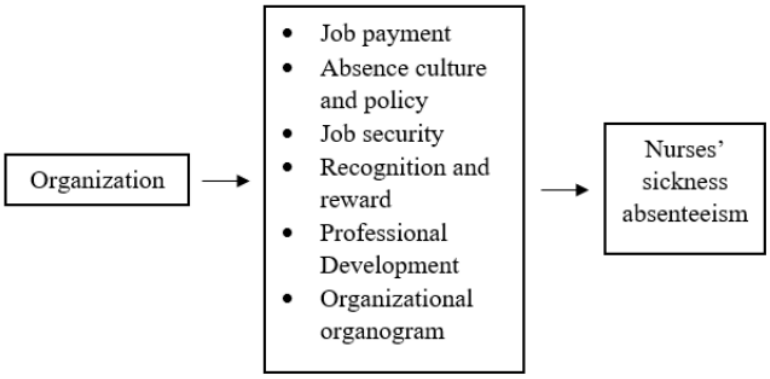


Figure 2.2. Theoretical Model 2

Source: Baydoun, M., Dumit, N., & Daouk-Öyry, L. (2016). What do nurse managers say about nurses' sickness absenteeism? A new perspective. *Journal of Nursing Management, 24*(1), 97–104. doi:10.1111/jonm.12277

This theoretical model was developed by Baydoun, Dumit, and Daouk-Öyry, (2016). The model associates certain organizational factors with the absence of nurses due to illness. Managers explained how organizational factors contribute to nurse absenteeism (Baydoun et al., 2016). Delays in wages make nurses feel that they have not obtained their rights, leading to absenteeism, because employees are often more loyal to the salary than to the workplace. Hospitals should involve nurses in activities, such as selecting the best units and best teamwork, so that they can be appreciated and encouraged. If a hospital does not have a nurse's recognition and reward plan, the nurses will have a negative impact on their interest in work. Nurses

often feel safe at work because the hospital is in the public sector, because they are protected by the government, and they are not easily fired, so they can easily to absent (Baydoun et al., 2016).

Managers also pointed out that the organization lack of absenteeism policy and culture have a negative impact on employee absenteeism. The organization's failure to take any action against nurses who simply notify others that they are not coming to work will cause more and more nurses to follow suit. Nurse absenteeism is closely related to lack of professional development and growth, and that senior nurse should be retained through promotion or daily work. Hospitals can acquire new knowledge by involving nurses in meetings.

2.3.3 Theoretical Model 3

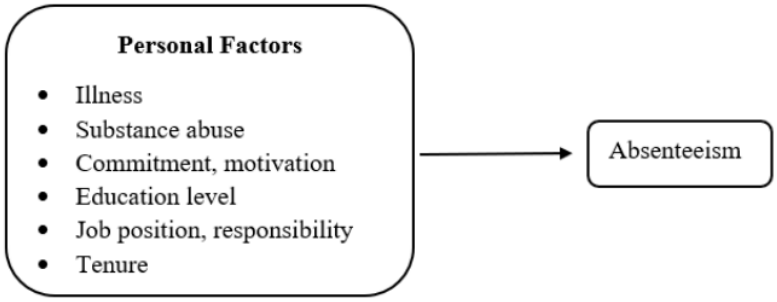


Figure 2.3. Theoretical Model 3

Source: Mulat, F. (2018). *Assessment of causes of employee absenteeism: a case study at Ethiopian revenue and customs authority*. (Doctoral dissertation, St. Mary's University). Retrieved from http://hdl.handle.net/123456789/4257

This theoretical model was developed by Mulat (2018). Based on his research model, he pointed out the causes that will affect absenteeism which include organisational, socio-demographic, and personal. As personal factors that propose in this framework researcher include illness, substance abuse, commitment, motivation, educational level, tenure, job position, and responsibility as the stressor that leads to absenteeism. The study able to regain the factors lead to absenteeism and able to capture a consistent result, where the researcher found out that employee unplanned absenteeism is multifaceted.

The objective of this study was to access the cause of the worker's unplanned absenteeism at Ethiopian Revenue and Customs Authority (ERCA). Referring to the literature and the researchers' findings, respondent of the research was strongly agreed on the statement made by the researcher on illness as a factor causing the absenteeism of employee and followed by substance abuse. Substance abuse is mainly mean by the result of excessive intake of alcohol and drug. The researcher able find out that the major factor that affect absents is that: UN assigned job activity, Substance abuse Consequently, Social incidents like (wedding, death of others etc.) and an illness.

Therefore, there is a strong correlation between organisational, socio-demographic, and personal factors that will affect employee unplanned absenteeism in the workplace. Besides, the researcher also mentioned that lack of achievement, recognition, fewer opportunities of promotion and lack of performance appraisal system will lead to unplanned absenteeism and eventually lead to the lack of job satisfaction of the employee. The researcher further highlights that an organisation with no unplanned absenteeism management will eventually lead to higher absenteeism rate.

2.3.4 Theoretical Model 4

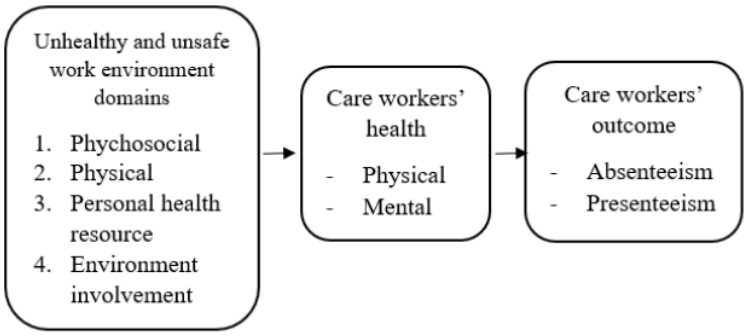


Figure 2.4. Theoretical Model 4

Source: Dhaini, S., Zúñiga, F., Ausserhofer, D., Simon, M., Kunz, R., De Geest, S., & Schwendimann, R. (2016). Absenteeism and presenteeism among care workers in swiss nursing homes and their association with psychosocial work environment: A multi-site cross-sectional study. *Gerontology*, *62*(4), 386-395. doi: 10.1159/000442088

This theoretical model was developed by World Health Organization (WHO). This model ties unhealthy workplaces to work-related illnesses that will cause absenteeism and presenteeism. There are four independent variables in this model, namely psychosocial (e.g. daily work practices and workplace stressor), physical (e.g. chemical and biological hazards), personal health resources (e.g. physical inactivity from long working hours, poor diet due to lack of meat time) and enterprises involvement (e.g. supporting communities, providing leadership and expertise related to workplace health and safety to other organizations). Dhaini et al. (2016) adopted this theoretical model to explore psychosocial work environment factors' associations with absenteeism and presenteeism. The first purpose is to determine the prevalence of each provides insight into their importance as a result of caregivers in long-term care settings. The second purpose is to explore psychosocial work environment factors' associations with absenteeism and presenteeism (Dhaini et al., 2016).

The result of the study showed the psychosocial work environment factors that have no relationship with self-report absenteeism. They explain that care workers' work attitudes cannot fully explain absenteeism while other factors such as health statutes also can cause absenteeism (Dhaini et al., 2016).

2.4 Proposed Conceptual Framework

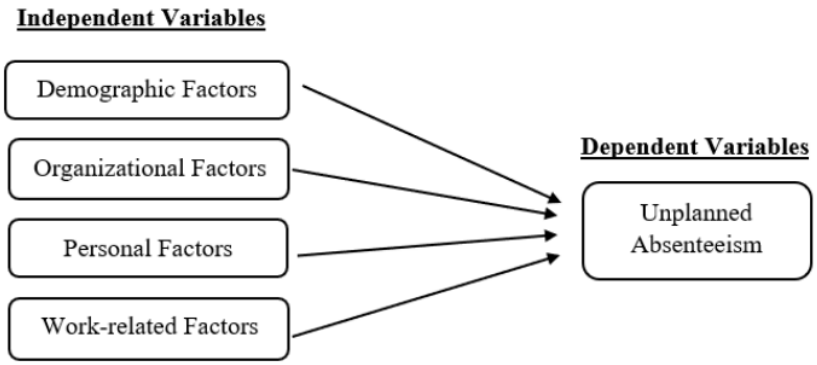


Figure 2.5. Proposed Conceptual Framework

Source: Developed for the research

According to the models proposed by other researchers before this, we developed our own conceptual framework model. The proposed conceptual framework is created in order to find out the relationship between independent variables which are demographic factors, organizational factors, personal factors, work related factors, and dependent variable which is unplanned absenteeism among nurses. In explicit, this research intends to investigate and carry out a better explanation on significant relationship between independent variables which are demographic

factors, organizational factors, personal factors, work related factors, and dependent variable, unplanned absenteeism among nurses.

2.5 Hypotheses Development

2.5.1 There is significant relationship between demographic factors and unplanned absenteeism among nurses

Based on the research by Bouville, Russo, and Truxillo (2018), it reports that the aim of the study is to investigate the relationship between age and absenteeism. In the observation shows that although it is having positive relationship, age can only weakly relate to absenteeism. So, the arguments and hypotheses that are tested where the effect of job characteristics on sickness absenteeism can be moderated by age and can be moderated by other factors. The result of the study shows the job characteristics are related with sickness absence, except for job demands where the value r=0.014 and p greater than 0.05. Other than that, age and group of occupation are related to absenteeism where older workers and blue-collars will be more frequent to absent compared to workers that are younger and clerks (r = .056, p <.01 and r = -.031, p <.05, respectively).

Other than that, the research by Mollazadeh et al. (2018) that shows the study identifies that absentees are 17.2% of males and 82.8% females. Through the regression analysis, it illustrates that no obvious relationship between gender and sickness absenteeism. In Khawaja study, sickness absence and gen der do not have association. In this study also shows that no significant relationship between number of median of sickness absenteeism days and demographic and occupational variables.

Furthermore, there is also research that Lei et al. (2019) where in their study shows that having not enough income will causing insufficient sleep time and lead to poor physical health and being stressed. Employees with lower income is prominent with socioeconomic, physical and mental health to predict absenteeism and presenteeism where requires and governments and authorities to enhance the policies.

Therefore, the following hypothesis is proposed:

$H1_0$: The demographic factors are not affected the unplanned absenteeism among nurses in Selangor.

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

2.5.2 There is significant relationship between organizational factors and unplanned absenteeism among nurses

The absence of nurses is related to job payment, rewards, promotion, absence policy and other organizational factors (Baydoun et al., 2016). According to the results, there is a negative correlation between salary and absenteeism. Increasing salary can motivate employees, improve their efficiency, loyalty, and satisfaction, thereby reducing employee absenteeism (Ahmed, 2020). Employees will feel dissatisfied with the unfair pay system of the company, which will lead to a culture in the company, that is, an absentee culture that encourages employees to take sick leave. The more unfair the compensation system, the higher the company's absenteeism rate (Torre et al., 2015). According to Ferro et al. (2018), it has been confirmed that delayed payroll can lead to employees being in a dissatisfied employment relationship, causing them to absenteeism.

According to Rotea, Logofatu, and Ploscaru (2018), found that there is a correlation between rewards and absenteeism. An effective reward policy can motivate employees to work better, thereby increasing their punctuality rate and reducing their absenteeism rate (Rotea et al., 2018). Organizations can encourage employees to complete their work under stressful working conditions by providing benefits and promotion opportunities. Make employees feel that the extra effort they put in can get positive reviews and rewards from the organization. Otherwise, it will increase their stress and it will lead them to absent (Reuver, Voorde & Kilroy, 2019).

Organizations can formulate and improve absenteeism policies by adding penalty and reward systems to reduce temporary absences of employees (Čikeš, Maškarin & Črnjar, 2018). Compared with managers who ignore their subordinates, if employees have a good manager who keeps in touch with them when they are sick, the number of absences due to illness will be reduced (Macdonald & Asanati, 2016). The study found that the support of supervisors and colleagues is negatively correlated with absenteeism, especially the support of supervisors, which can reduce the absenteeism rate of young employees, because the support of supervisors can help them to promote (Bouville et al., 2018). There is a correlation between department, job security and employee absenteeism.

Employees in the public sector have higher job security than employees in the private sector. This makes employees in the public sector more likely to be absent from work than employees in the private sector (Hansen et al., 2018). Workers who sign temporary contracts with organizations have a higher absenteeism rate than workers who sign long-term contracts (Čikeš et al., 2018). Compared with employees on temporary contracts, employees on permanent contracts are more likely to be absent due to illness, as higher employment security is associated with higher absenteeism rates (García et al., 2017).

Therefore, the following hypothesis is proposed:

$H2_0$: The organisational factors are not affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

2.5.3 There is significant relationship between personal factors and unplanned absenteeism among nurses.

Based on the research done by Oche et al. (2018), it says that there one hundred and thirty-eight respondents respond that they were absent from work due to sickness or illness which consist up to 78% of respondent who respond in the researcher findings. Therefore, from the findings, there is a positive relationship between employees unplanned absenteeism and personal factors. However, from the researcher findings, in their study absenteeism rate is at 1.5% where it is consider as medium rate but it can still result in the loss of man-hours. Thus, employee's unplanned absenteeism has been considered as a major factor that led to losses of man-hours, productivity, jobs as well as lives in the health sector (Oche et al., 2018).

Besides, in the findings of researchers Baydoun et al. (2016) point out that their study able to regain nurses' sickness absence from the manager perspective. They are able to point out several factors that influent the sickness absenteeism of nurses from financial, social and cultural, and physical sickness. Thus, nurses' sickness absenteeism is multifaceted. However, commitment for family is the main factor that lead to nurses' absenteeism especially among female nurses. They are more likely to absent themselves from work when they encounter a family obligation, it can be taking care of their younger children who fall sick and need accompany.

Their finding is in congruence with a recent study conducted in the South Africa and it says that family matter are one of the predictor of nurses' absenteeism (Mudaly & Nkosi, 2013) (as cited in Baydoun et al, 2016). From the finding the researcher implies that most of the respondent participated in the findings assumes that sickness absenteeism and absenteeism have a mutual relationship. Therefore, family commitment that falls under the umbrella of personal factors that led to absenteeism have a strong correlation.

In additional, the research completed by Mulat (2018), on the Assessment of causes of employee unplanned absenteeism: a case study at Ethiopian revenue and customs authority it mentioned that substance abuse as a factor that led to unplanned absenteeism. In the finding there are 100 respondents participated in the findings where 89.1% were to agree that illness can be the cause lead to absenteeism. Next to illness is substance abuse which consist of 76.5% or respondent agreed with the criteria articulated in their findings. It is a relatively high percentage of respondent agreed on substance abuse that leads to absenteeism. There is significant respondent agreed on the statement, thus, it shows a positive relationship that substance abuse in personal factors will lead to absenteeism.

Therefore, the following hypothesis is proposed:

$H3_0$: The personal factors are not affected the unplanned absenteeism among in Selangor.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

2.5.4 There is significant relationship between work-related factors and unplanned absenteeism among nurses

Any studies are showing that workload can lead to absenteeism. For example, Saruan et al. (2020) found that workload added to the stress employees experienced at work. Besides, Maila, Martin, and Chipps (2020) study show that heavy workload due to minimum staff level is detrimental to employees' physical and mental health. As a result, it increases absenteeism rates. Moreover, the excessive workload can cause employees to unbalance their health status, leading to a pathological cycle of absenteeism within the organization (Saruan et al., 2020).

Moreover, the working environment is significant associations with absenteeism. For instance, a study conducted by Muralidharan, Chaudhury, Hammer, Kremer, and Rogers (2011) in India found that high absenteeism rate among the doctors in poorer states. The reason causes the high absenteeism rates is poor clinic infrastructure, long commutes and greater remoteness from basic facilities of different types. The result is the same with Chaudhury et al. (2006), logistics of getting to work and the desirability of the primary health care centres' location is correlated with absenteeism in some countries.

Furthermore, Magee, Caputi, and Lee (2016) found out that work characteristics such as job scope, work schedule, and working hours are associated with absenteeism levels. Their study has shown that nurses who are working night shifts have high absenteeism. In addition, Kottwitz, Schade, Burger, Radlinger, and Elfering (2018) study show a negative relationship between job autonomy and absenteeism. In other words, the manager should give employees some degree of freedom to reduce absenteeism.

Therefore, the following hypothesis is proposed:

$H4_0$: The work-related factors are not affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

2.5.5 There is significant relationship between all independent variables and unplanned absenteeism among nurses

According to the study of Mukwevho et al. (2020) show the personal factors, job-related factors, and demography factors have a significant influence on employee unplanned absenteeism. In demography factors, which are gender, marital status, and the number of children lead to family responsibilities, and also lead to employees being unplanned absenteeism in the workplace, especially females. On the other hand, the demography factors will lead to the personal factors, which are the family responsibilities that cause unplanned absenteeism in the workplace, and it found to be a major factor in unplanned absenteeism. This may affect women more than men. Another personal factor is the illness, it has a significant impact on an employee's ability to work and it causes a lack of employee ability to work. Next is the job-related factors, the limited scope of work that led to boredom was identified as a work-related factor contributing to unplanned absenteeism. This is because the majority of respondents have low education levels, leading them to do low-level repetitive work. This study shows another work-related factor that causes employee unplanned absenteeism is working conditions characterized by heavy workload and long working hours, leading to job fatigue and stress.

Based on the study of Kanwal et al. (2017) show the employee absenteeism is a growing management problem in the nurse industry. The main factor causes the nurse absences is the work-related factors and personal factors. Work-related factors such as work overload, job dissatisfaction, erratic staffing, and personal factors are illnesses. Therefore, it brings a negative

impact on patient care. Besides, according to the study of Aishwariyashindhe, Sathyapriya, Vijayalakshimi, and Sudha (2019) found the main factors affect the employee unplanned absenteeism is the work-related factors and personal factors such as work overload, working condition, the relationship between employer, illness, lack of motivation, leader attitude, and others.

Other than this, based on the research of Singh, Chetty, and Karodia (2016) shows the work-related factors and personal factors is the most affect employee unplanned absenteeism. On the other hand, one of the factors that cause employee absenteeism in the long-term is organizational factors, it is because the management fails to manage absenteeism in the workplace adequately.

In addition, according to the study of Ticharwa, Cope, and Murrary (2018), the demographic factors, work-related factors, organizational factors, and personal factors contribute to nursing absenteeism. The demographic factors have a significant influence the employee unplanned absenteeism in the nurse industry. The study shows the young nurse who is less than 30 years of age are perceived to lack commitment to work, and this lack of commitment leads to high absenteeism rates in this age group. This is because younger workers tend to be absent when they are out in the evening or with the onset of a cold, and mature workers may feel the need to show up for work. In addition, the work-related factors have brought a negative impact on nurse unplanned absenteeism, which include job demands, workload, burnout, fatigue, overtime, and others.

Therefore, the following hypothesis is proposed:

$H5_0$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are not affected the unplanned absenteeism among nurses in Selangor.

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are affected the unplanned absenteeism among nurses in Selangor.

2.6 Conclusion

In short, this research provides a literature review on how demographic factors, organizational factors, personal factors, and work-related factors have a significant impact on unplanned absenteeism. This chapter forms the proposed conceptual framework. The assumptions identified will explain in the following chapter.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

In chapter three, we will conduct the methodology of research. It outlines how to collect and analyse data and justify the entire process of research design. These techniques have been used to collect data and analyse results by using primary data and secondary data. It includes research tools, preliminary research, constructs measurements, questionnaires, and data processing. The final data analysis uses the Statistical Package for the Social Sciences (SPSS) software to carry out the result of the research.

3.1 Research Design

The purpose of the research is to determine the factors affecting unplanned absenteeism among nurses in Selangor. Due to information can provide effective and reliable results in a better and more effective way, it also included a set of processes, this set of processes are used to collect, analyse, and interpret data. In this research, it needs to determine which of the quantitative and qualitative research is more suitable to research these two related selected variables (unplanned absenteeism with demographics factors, organizational factors, personal factors, and work-related factors).

Quantitative research is more suitable than qualitative research for distributing questionnaires to obtain a large sample of respondents, and the use of Likert scale questionnaires can distinguish level consistency, so this research chooses quantitative research rather than qualitative research. This research uses Cronbach's alpha to test the reliability of the data in the relationship between two variables

(dependent variable and independent variables). In addition, this research is designed to determine the relationship between unplanned absenteeism and all factors through causal research, then get a result which is a clear concept that all factors will affect unplanned absenteeism.

3.2 Data Collection Methods

This research will collect information and data from respondents through a questionnaire that consists of a set of questions. Distributing and standardized questionnaires at target locations can quickly and effectively cover most respondents, and each respondent will answer similar questions in the survey. Questionnaires are a more appropriate, time-saving, and economical way to collect primary data.

3.2.1 Primary Data

Primary data is mainly collected through questionnaires, observations, interviews, physical tests, or experiments, which are used for specific research projects. The data collected for the first time through personal experience or evidence, so researchers have higher control over how the data is collected. The accuracy rate of primary data is higher because the data is collected in real-time from the field, and it collects the latest data directly from the target respondent. The data collection method used in this research is a questionnaire because it can reach many respondents easily and economically. Standard questionnaires provide quantifiable answers to research topics. These answers are relatively easy to analyse because the primary data does not require special edits because these data are collected for specific research purposes.

3.2.2 Secondary Data

Secondary data is collected from journals, articles, books, newspapers, reports, internal records of the organization, and online database resources. Secondary data can improve the understanding of the problem, save time, and save cost, because it can be accessed at any time, and the only requirement for access is an Internet connection. The accuracy rate of secondary data is not high, because the data are collected and recorded by previous researchers for their own purposes, so the data may not meet the current research purposes. The data collection method used in this research is journals because it provides a wider range of information, and it also provides evidence to support the claim by citing information sources. Before applying for the journal used in this research as a reference, all data must be researched wisely to avoid misunderstanding or misleading information.

3.2.3 Research Instrument

Research instrument is a measurement tool that used to collect, measure and analyse data related to research topics (EBSCOConnect, 2018). Research tools can be questionnaires, surveys, or tests. Most of the researchers will choose to use questionnaires to effectively collect primary data from respondent for specific research purposes, because respondent can achieve efficiency by completing the questionnaire within a few minutes.

3.3 Sampling Design

3.3.1 Target Population

The research's target demographic will be nurses working in the healthcare industry in the Selangor region of Malaysia. According to Hirschmann (2021), there were 108,000 nurses in Malaysia in 2019 and the number of registered nurses in the country has shown an upward trend since 2016.

3.3.2 Sampling Frame and Sampling Location

A group of respondents from the targeted population will be chosen to constitute the sample frame. The Malaysian nursing industry will then be the subject of this research project. However, because accessing to all of Malaysia's hospitals is challenging, we chose the most accessible area as the sampling frame, which is in the Selangor region of Peninsular Malaysia.

Selecting Selangor, Malaysia for our research is because of Selangor as the top region by number of nurses in government and private hospitals in Malaysia. Selangor only consist of 18,428 registered nurses that capture by the department of statistics of Malaysia in both private and government hospital (Jabatan Perangkaan Malaysia, 2021). Therefore, nurses in Selangor region became the sampling location for this research.

The hospital in Selangor that we choose to be our target location are Assuta Hospital, Hospital Ampang, KPJ Selangor Specialist Hospital, Sunway Medical, Pantai Hospital Klang, Subang Jaya Medical Centre, and Columbia Asia Hospital Klang.

3.3.3 Sampling Elements

The sampling elements for this survey in our research will be the nurses in the healthcare industry who worked in the area of Selangor, Malaysia. Next, targeted sampling element of nurses in the healthcare industry will have different position in the hospital sector for our research. Different position such as junior resident, senior resident, chief resident, attending physician, fellow, head of department, medical director, secretary of nursing board, secretary midwifery board, and director of medical practice. Besides, selection of few different hospital whether government or private hospital for nurses to participate in this survey in order to increase the validity for the research study's data.

3.3.4 Sampling Technique

As reported by Taherdost (2016), there are two sampling techniques involves into sampling which is probability sampling and non-probability sampling. Then to ensure a reliable result, this research adopted the snowball sampling methods which under non-probability sampling. The characteristics of snowball sampling method is where networking and referral as its central (Parker, Scott & Geddes, 2019). Parker et al. (2019) says snowball sampling method is among the most favoured sampling methods in qualitative research. Besides, due to the recent spike of Covid-19 cases adopting this method will benefits us in conducting this research. This is because of its characteristics of flexibility and its networking; we are able to access to nurses in Selangor without physically heading to different hospital located in Selangor in order to reduce the risk of infecting Covid-19. In this research, we have invited a small number of the initial contracts (seeds) who is someone working as a nurse in different hospital to participate within the research. Then the participants who willing to take part in the research are then asked to propose other contact who meet the

research criteria and might also willingly to take part, who subsequently refer more possible participants, and so on (Parker et al., 2019)

3.3.5 Sampling Size

Sampling sizes of this research is set on using an adjusted Yamane (1967) formula proposed by researcher Adam (2020), where it is more simplified formula to calculate sample sizes. The formula suggested is able to have a 95% confidence level and P = 0.5.

$$n = \frac{N}{1+N(e)^2}$$

A sample size of 392 respondents were selected from the population and confidence at 95%. From 18,428 nurses in Selangor region in few different hospital, 392 respondents were drawn using the formula above where-

n = the required sample size

N = the population

e = margin of error taken as 5% (0.05)

3.4 Research Instrument

3.4.1 Questionnaire Survey

As Patten (2016) describes questionnaire is an efficient way to collect data as the questionnaire can distribute to all targets with less time needed than telephone or personal interview. At the same time, data or results collected from questionnaires are easy to analyze since items with choices are checked. Besides, questionnaire is less costly than telephone and personal interviews

and most suitable for collecting information on sensitive matters as the respondents are anonymous (Patten, 2016). Hence, this research is going to use the questionnaire to collect primary data on the relationship between independent variables (demographic factors, organizational factors, personal factors, and work-related factors) and the dependent variable (unplanned absenteeism).

3.4.2 Questionnaire Design

Fixed-alternative questions are used in the questionnaire, which can limit the answers given by respondents. The questionnaire for this research is classified into two parts: section A and section B. Section A requires respondents to provide personal information, which consists of 10 questions. Section B consists of 4 subsections: dependent variable: unplanned absenteeism, independent variables: organizational factors, personal factors, and work-related factors. Section B requires respondents to answer a series of questions that might link to unplanned absenteeism. The questionnaire consists of a total of 35 questions and is done by nurses in Selangor, Malaysia.

3.4.3 Pilot Study

In order to test the questionnaire's reliability, we conducted a pilot study before the actual research. According to Conroy (2016) (as cited in Nawi, Tambi, Samat & Mustapha, 2020), the minimum number of respondents are required in the pilot test is 30 respondents. We distribute questionnaires to Hospital Kampar. Then received 39 responses from the hospital. The Statistical Package for the Social Sciences (SPSS) will be used to run the

data that is collected from pilot study. The results have shown in scale of measurement.

The value of the reliability analysis will be interpreted based on Table 3.1 Rule of Thumb of Cronbach's Coefficients Alpha

Table 3.1:

Rule of Thumb of Cronbach's Coefficients Alpha

Alpha Coefficient Range	Strength of Association
< 0.6	Poor
0.6 to < 0.7	Moderate
0.7 to < 0.8	Good
0.8 to < 0.9	Very Good
0.9 >	Excellent

Source: Nawi, F. A. M., Tambi, A. M. A., Samat, M. F., & Mustapha, W. M. W. (2020). A review on the internal consistency of a scale: the empirical example of the influence of human capital investment on Malcom Baldridge quality principles In Tvet institutions. *Asian People Journal (APJ)*, *3*(1), 19-29.

3.5 Construct Measurement

3.5.1 Scale Measurement

3.5.1.1 Reliability Test

Table 3.2:

Reliability Test

Variables	Cronbach's Alpha	Total questions
Dependent variable		
Unplanned Absenteeism	0.823	7
Independent variables		
Demographic Factors	0.831	7
Organizational Factors	0.844	7
Personal Factors	0.811	7
Work-related Factors	0.822	7

3.5.1.2.1 Nominal Scale

The nominal scale is the most basic measurement level. It only assigns a value to an object for identification or classification purposes, and does not indicate any quantity (Zikmund, Carr & Griffin, 2013). As the example below.

Gender:

☐ Male
☐ Female

3.5.1.1.2 Ordinal Scale

Ordinal scale has attribution of nominal scale, which is also known as ranking scale. The value of an object is rank order (Zikmund et al., 2013). As the example below.

What is your level of education?

☐ SPM and below
☐ STPM
☐ Diploma

☐ Degree and above

3.5.1.1.3 Interval Scale

Interval scales have both nominal and ordinal scale attributes, but they also capture information about differences in quantities of a concept (Zikmund et al., 2013). Liker scale is applied in the questionnaire (section B). As the example below.

(SD) = strongly disagree

(D) = disagree

(N) = Neutral

(A) = agree

(SA) = strongly agree

No.	Unplanned Absenteeism	SD	D	N	A	SA
1	I always attend to the daily duty on time.					

Source: Developed for the research

3.5.2 Origins of Sources of Measurement

Table 3.3:

Origins of Source of Measurement in Section B

Dependent Variable	Number of Question	Scale	Source
Unplanned Absenteeism	7	Five Liker scale (strongly disagree – strongly agree)	Kipangule (2017); Kanwal et al. (2017); Alharbi et al. (2018).

Source: Developed for the research

Table 3.4:

Origins of Source of Measurement in Section A and Section B

Independent Variables	Number of Questions	Scales	Source
Demographic Factors	10	Nominal Scale and Ordinal Scale	Þórsdóttir (1985); Zanggi & Razali (2015); Alreshidi, Alaseeri, & Garcia (2019); Saruan et al. (2020).
Organizational Factors	7	Five Liker scale (strongly disagree – strongly agree)	Þórsdóttir (1985); Coffey (2013); Kovane (2015); Goretzki (2016).
Personal Factors	7	Five Liker scale (strongly disagree – strongly agree)	Þórsdóttir (1985); Mulat (2018); Mengistu (2020)
Work-related Factors	7	Five Liker scale (strongly disagree – strongly agree)	Kovane (2015); Kanwal et al. (2017).

Source: Developed for the research

3.5.3 Categories of Questionnaire

Table 3.5:

Categories of Questionnaire- Dependent Variable

Dependent Variable	Construct Measurement
Unplanned Absenteeism	1. I always attend to the daily duty on time. 2. I was satisfied with my performance. 3. I have ever been absent from work in these last two months. 4. I strictly understand the hospital absenteeism policy 5. I easy to get unplanned leave in the hospital. 6. The disciplinary actions taken by the management reduce my absenteeism. 7. Lack of appropriate recognition and reward will lead me lack of motivation and cause absent in my job.

Source: Developed for the research

Table 3.6:

Categories of Questionnaire- Independent Variables

Independent Variables	Construct Measurement
Demographic Factors	1. What is your age? 2. What is your gender? 3. What is your marriage status? 4. Working experience of nurse? 5. The frequency of monthly absenteeism? 6. Do you have child? 7. What is your level of education? 8. How much is your income per month? 9. Are you satisfied with your job? 10. Working hour

Organizational Factors	**Job Payment** 1. My salary is enough to motivate me to work hard at all times. **Reward and Recognition** 1. I have received the remuneration for my extra efforts. 2. Everyone has an equal opportunity for the career development. 3. I have received the recognition for the work I do. **Attendance Policy** 1. The attendance policy of the place where I work is fair and reasonable. **Job security** 1. I am satisfied with the pension, medical aid, achievement bonuses (SPMS) at my workplace. 2. I am secure in my job.
Personal Factors	**Illness and Disease** 1 I absence from work when there is minor symptoms illness like flu, cold, headache, stomach upset. **Substance Abuse** 1. I am more likely to absence from work when I have the addiction of alcohol, drug, smoke due to lower energy that I possess. **Attitude** 1. I have a habit of going to bed late for sleep which makes me absent from my work. 2. I choose to absent from work, whenever I have conflict with my working colleagues or bosses.

	Family and Social Obligation 1. I choose to be absence from work whenever there is social incidents like wedding, deaths or others. 2. I choose to be absence to work, if I encounter transport problem such as lack of taxi/bus, missed public transportation and overcrowding of roads. 3. I choose to be absence from work whenever there is family related problems such as family members gets sick, fight between couple, and visit of other family members.
Work-related Factors	**Working environment** 1. I encountered considerable noise, poor lighting, crowding of people and/or any problems that concern my physical working conditions. 2. I am satisfied with my working condition. E.g. my job equipment are good in order. **Workload** 1. I can complete the tasks assigned to me on time. 2. I am absent from work due to stress-related illness, e.g. tiredness 3. I am absent from work because I suffer from minor ailments, e.g. headache and backache. **Nature of work** 1. I am satisfied with work content because it is interesting.

	2. I am able to assume full responsibility for all I do.

Source: Developed for the research

3.6 Data Processing

Data processing refers to the process of converting raw data into meaningful information. Data processing includes data checking, data editing, data coding, and data transforming (Sekaran & Bougie, 2019).

3.6.1 Data Checking

Data checking is an important step for researchers to examine questionnaires (Sekaran & Bougie, 2019). Researchers will check for grammatical and spelling errors. The purpose of data verification is to ensure the accuracy of the final data. In this research, the researchers examined the collected questionnaires carefully before proceeding to the next step. Therefore, it is significant to guarantee that all the individual details of the questionnaire have been answered by the respondents and that no questions are left blank.

3.6.2 Data Editing

Data editing is to avoid the biased editing and logical adjustment, avoid missing words, and clarify responses (Sekaran & Bougie, 2019). This process is to ensure that no one manipulates the questionnaire or that the respondent does not fully answer the questionnaire. Then, we use a logical

approach to estimate the missing response. If any missing or defective answer are found, adjustment will be made.

3.6.3 Data Coding

Data coding is a process driven by observed data (Sekaran & Bougie, 2019). The objective of data coding is to remove unused data, to bring meaning for the data, and to summarise collected data. During this process, respondents' answers will be digitized and then entered into SPSS software. Once the responses are tabulated and catalogued in the system, the software analysed the data.

Table 3.7:

Labels and Coding Assigned to the Respondents' Demographic Profile (Section A)

Question No.	Label	Code
1.	Age	1 as 20-29 year old 2 as 30-39 year old 3 as 40-49 year old 4 as 50 year old and above 0 as Missing Data
2.	Gender	1 as Male 2 as Female 0 as Missing Data

3.	Marriage status	1 as Single 2 as Married 3 as Divorcee 4 as Separate 0 as Missing Data
4.	Working experience of nurse	1 as 0-2 years 2 as 3-4 years 3 as 5-6 years 4 as 6 years and above 0 as Missing Data
5.	The frequency of monthly absenteeism?	1 as Never 2 as Once 3 as Two and above 0 as Missing Data
6.	Do you have child?	1 as Yes 2 as No 3 as Not Applicable 0 as Missing Data
7.	What is your level of education?	1 as SPM and below 2 as STPM 3 as Diploma 4 as Degree and above 0 as Missing Data
8.	How much is your income per month?	1 as RM1000 and below 2 as RM1001 – RM3000 3 as RM3001 – RM5000 4 as RM5000 and above 0 as Missing Data
9.	Are you satisfied with your job?	1 as Yes 2 as No 0 as Missing Data

10.	Working hours	1 as Less than 8 hours 2 as 8 hours 3 as More than 8 hours 0 as Missing Data

Source: Developed for the research

Table 3.8:

Label and Coding assigned to Unplanned Absenteeism, Organizational Factors, Personal Factors, and Work-related Factors (Section B)

Question No.	Label	Code
35 questions	Dependent Variable: • Unplanned Absenteeism Independent Variables: • Organizational Factors • Personal Factors • Work-related Factors	1 as Strongly Disagree 2 as Disagree 3 as Neutral 4 as Agree 5 as Strongly Disagree 0 as Missing Data

Source: Developed for the research

3.6.4 Data Transforming

This is the process of transcribing or converting any form of data into written form to ensure that they can be learned in detail and used with analytical coding (Sekaran & Bougie, 2019). This is how researchers use the Social Science Statistical Package (SPSS) software to transfer possible data to a computer to run reliability tests. The SPSS software analysed the data and published the precise and trustworthy result for the research.

3.7 Data Analysis

In data analysis, analysis and interpretation will be done with data collected through via the Statistical Package for the Social Sciences (SPSS) software.

3.7.1 Descriptive Analysis

Descriptive analysis is the first step of statistical analysis where summarize the data that collected from the research sample. As according to Laerd (2018) who mentions that descriptive analysis is to analysis data and summarize them into more readable and understandable summary. The statistics able to descript the data through graphic via graph and chart. Mode, median and median use to measure the central tendency and range, quartiles, variance and standard deviation are measures of spread.

3.7.2 Scale Measurement

In order to determine the result that stable and consistent, scale measurement would be applied. In this research, Cronbach's alpha based on Statistical Package for the Social Sciences (SPSS) is used and the get result with the range from 0.1 to 1 where 1 is the highest reliability whereas 0.1 is the lowest level. Cronbach's Alpha Values are shown under the table below.

Table 3.9:

Interpretation of Cronbach's Alpha

Alpha Coefficient Range	Strength of Association
< 0.6	Poor
0.6 to < 0.7	Moderate
0.7 to < 0.8	Good
0.8 to < 0.9	Very Good
0.9 >	Excellent

Source: Nawi, F. A. M., Tambi, A. M. A., Samat, M. F., & Mustapha, W. M. W. (2020). A review on the internal consistency of a scale: the empirical example of the influence of human capital investment on Malcom Baldridge quality principles In Tvet institutions. *Asian People Journal (APJ)*, *3*(1), 19-29.

As shown in the table, the alpha-range coefficient determines the reliability level. Poor reliability is deemed with alpha coefficient value is below 0.60. Range from 0.60 to 0.70 is fairly reliable, and the range from 0.70 to 0.80 is good reliability. The 0.80 to 0.95 range results in a higher reliability to another levels. A pilot study is being performed to determine our questionnaire's reliability. The targeted group had distributed and collected 36 questionnaires, and the results are summarized in the table below.

3.7.3 Inferential Analysis

3.7.3.1 Pearson Correlation Coefficient

Pearson Correlation Coefficient mentioned by Schober, Boer, and Schwarte (2018) which said that it is used to figure out the relationship between variables. Correlation mostly can be related with dependent variable and independent variable. This method is used for variables that are categorized under Likert scale and metric scale. Below is a table that illustrates the interpreting of correlation coefficient.

Table 3.10:

Interpretation of Pearson Correlation Coefficient

Absolute Magnitude of the Observed Correlation Coefficient	**Interpretation**
Negligible correlation	±0.00-0.10
Weak correlation	±0.10-0.39
Moderate correlation	±0.40-0.69
Strong correlation	±0.70-0.89
Very strong correlation	±0.90-1.00

Source: Schober, P., Boer, C., & Schwarte, L.A. (2018). Correlation Coefficients: Appropriate use and interpretation. *Anesthesia and Analgesia, 126*(5), 1763-1768.

The value through the interpretation would be range from -1 to +1, where the value shows no linear relationship between 2 variables when the value is 0 and shows stronger relationship that would be near to straight line. Value of r between two variables with +1 would have perfect positive correlation. Perfect negative correlation is seen with value of r is -1. So, value of r is through the relationship between x and y will having higher relation.

The following hypotheses will be tested using Pearson Correlation Coefficient.

$H1_1$: The demographic factors affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors affected the unplanned absenteeism among nurses in Selangor.

$H3_1$: The personal factors affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors affected the unplanned absenteeism among nurses in Selangor.

3.7.3.2 Multiple Regression

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) affected the unplanned absenteeism among nurses in Selangor.

This method is used to find out at least two independent variables to dependent variable in order to measure independent variable and dependent variable percentage. When the result shows high percentage of independent variables, it affects dependent variable by showing the importance of relationship between affecting factors and unplanned absenteeism.

Formula: $Y= a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4$

- Y is dependent variable (unplanned absenteeism)

- a shows the intercept or constant,

- b represents partial regression coefficients and the expected change for dependent variable

- X_1, X_2, X_3… represent independent variables (demographic factors, organizational factors, personal factors, and work-related factor)

3.8 Conclusion

In chapter 3, we briefly explain the research mythology of this research For example, target population, sampling methods and how the data we collect is processed and analysed. In addition, sampling design, research tools and structural measurements are discussed. We will distribute 30 pilot questionnaires and 392 complete research questionnaires. We also used SPSS software to test the reliability of the questionnaire. Last but not least, the sections in Chapter 3 will be analysed, and then the useful data and information collected through questionnaires will be discussed in the next chapter.

CHAPTER 4: RESEARCH RESULTS

4.0 Introduction

All questionnaires are derived from primary data and the results must be investigated and analysed in this chapter. The result of this research included descriptive analyses, scale measurements, and inference analyses to ensure the reliability and validity of the research. The research involved 392 nurses from Selangor, located on the central west coast of Peninsular Malaysia, as respondents, and used the Statistical Package for Social Sciences (SPSS) to interpret the analysis. The results of the analysis mainly included five divisions and required analysis of demographic data, measures of central tendency of structure, reliability tests, Pearson correlation coefficients, and multiple regression analysis.

4.1 Descriptive Analysis

This section will analysis the demographic data collected from total 392 respondents.

4.1.1 Respondent Demographic Profile

4.1.1.1 Age

Table 4.1:

Age

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
20-29 year old	366	93.37	366	93.4
30-39 year old	9	2.30	375	95.7
40-49 year old	17	4.34	392	100.0
50 year old and above	0	0		

Source: Developed from SPSS

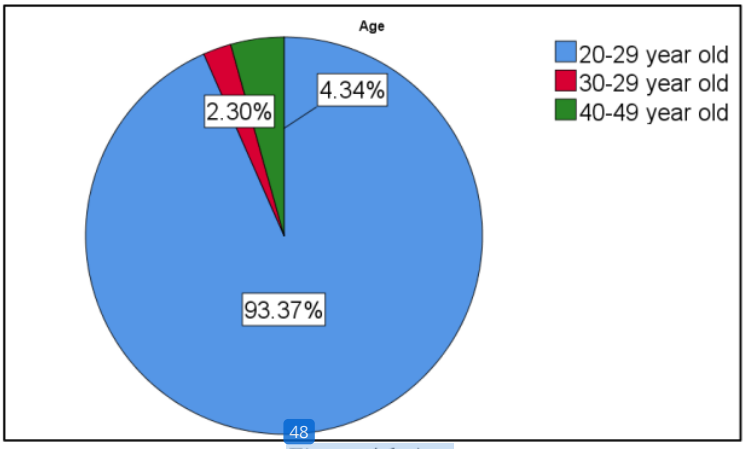


Figure 4.1. Age

Figure 4.1 shows the ages of respondents. 366 (93.37%) out of 392 respondents are in the age of 20-29, 4.34% (17) and 2.30% (9) respondents in the age 40-40 and 30-39 years old, respectively.

4.1.1.2 Gender

Table 4.2:

Gender

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
Male	90	22.96	90	22.96

Female	302	77.04	392	100.0

Source: Developed from SPSS

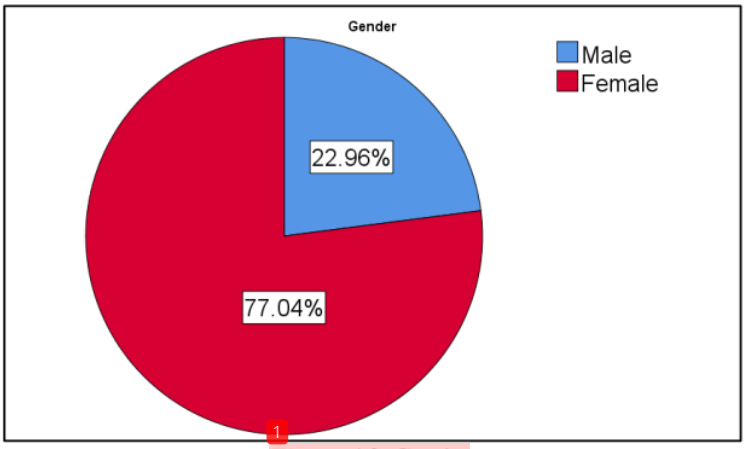


Figure 4.2. Gender

Most of the respondents are female, which occupied 77.04% (302). There are 22.69% (90) respondents who are male.

4.1.1.3 Marriage status

Table 4.3:

Marriage Status

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
Single	294	75.0	294	75
Married	87	22.19	381	97.10
Divorcee	10	2.55	391	99.74
Separated	1	0.26	392	100

Source: Developed from SPSS

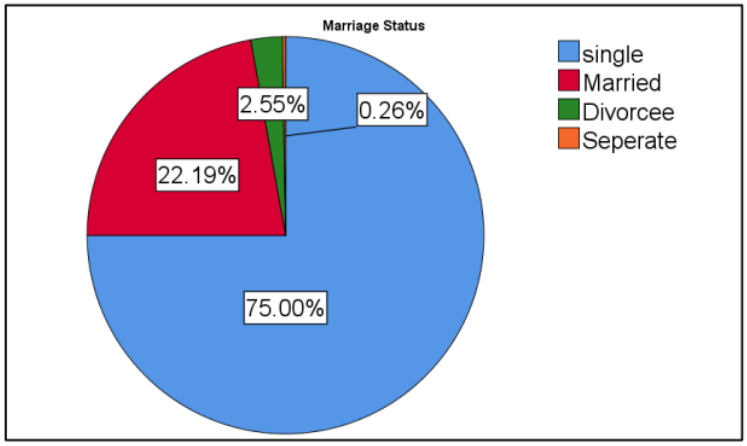


Figure 4.3. Marriage Status

The single occupied the most, which are 294 (75%), followed by married, which occupied 22.19% (87). The divorcee and separated occupied 2.55% (10), and 0.26% (1), respectively.

4.1.1.4 Working experience

Table 4.4:

Working Experience

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
0-2 years	168	42.86	111	42.86
3-4 years	120	30.61	156	73.47
5-6 years	4	1.02	209	74.39
6 years and above	100	25.51	392	100.0

Source: Developed from SPSS

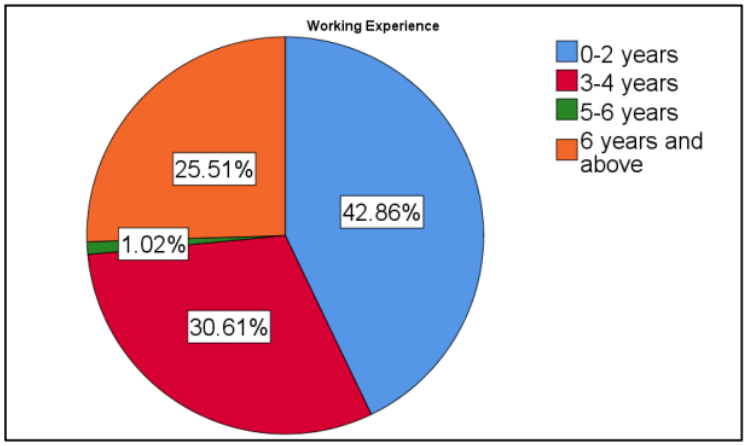


Figure 4.4. Working Experience

Figure 4.4 shows the work experience of the respondents. 168 (42.68%) of the 392 respondents had 0-2 years of work experience. 120 (30.61%) respondents had 3-4 years of work experience, and 100 (25.51%) respondents had 6 years or more of work experience. In the end, only 4 (1.02%) respondents had 5-6 work experience.

4.1.1.5 The frequency of monthly absenteeism

Table 4.5:

The Frequency of Monthly Absenteeism

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
Never	213	54.34	213	54.34
Once	141	36.97	354	91.31
Two and above	38	9.69	392	100

Source: Developed from SPSS

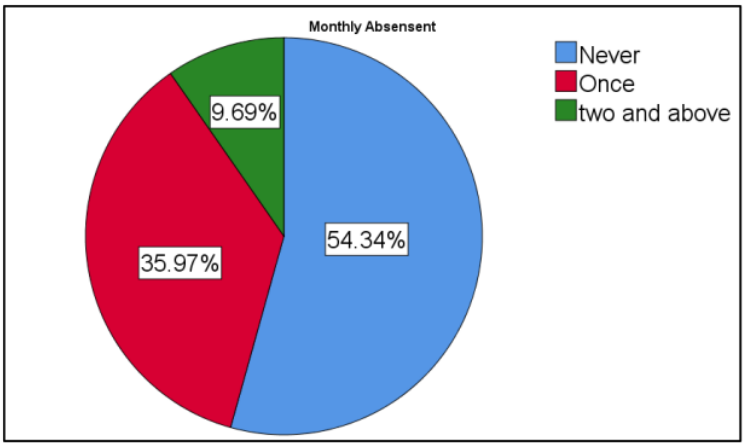


Figure 4.5. The Frequency of Monthly Absenteeism

According to Figure 4.5, 213 (54.34%) respondents indicated that they never took leave within a month. 141(36.97%) respondents said they asked for leave once a month, and 38 (9.69%) respondents said they asked for leave twice or more per month.

4.1.1.6 Number of child

Table 4.6:

Number of Child

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
Yes	35	8.93	35	8.93
No	258	65.82	293	74.45
Not Applicable	99	25.26	392	100

Source: Developed from SPSS

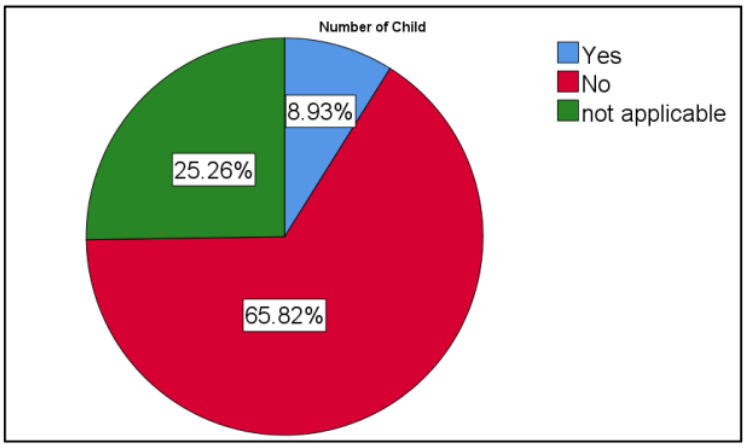


Figure 4.6. Number of Child

Figure 4. 6 shows that 258 (65.82%) respondents had no children, but 35 (8.93%) respondents had at least one child, 99 (25.56%) respondents indicated that this question does not apply to them.

4.1.1.7 Education level

Table 4.7:

Education Level

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
SPM and below	8	2.04	8	2.04
STPM	50	12.76	58	14.8
Diploma	245	62.50	312	77.3
Degree and above	89	22.70	392	100.0

Source: Developed from SPSS

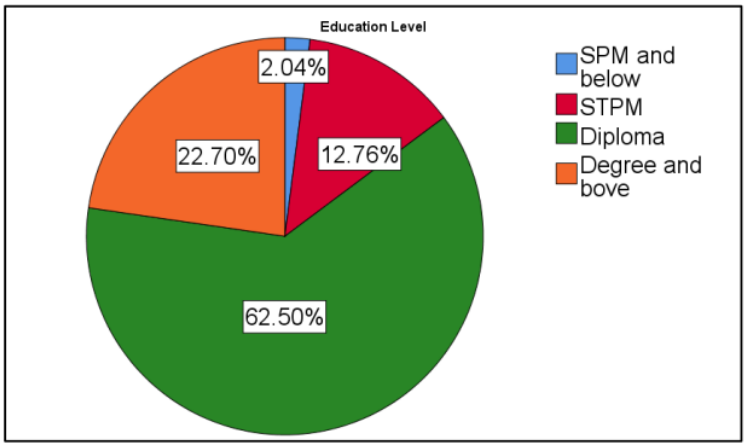


Figure 4.7. Education Level

There are 245 (62.50%) respondents with the qualification of Diploma, followed by degree and above education level with 89 (22.70%) respondents. However, 50 (12.76%) respondents' education level at STPM is higher than the respondents whose education level is at SPM and above by 2.04% (8).

4.1.1.8 Monthly income

Table 4.8:

Monthly Income

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
RM 1000 and below	17	4.34	17	4.34
RM 1001-RM 3000	247	60.46	264	64.8
RM 3001-RM 5000	112	28.57	376	93.37

RM 5001 and above	**26**	**6.63**	**392**	**100.0**

Source: Developed from SPSS

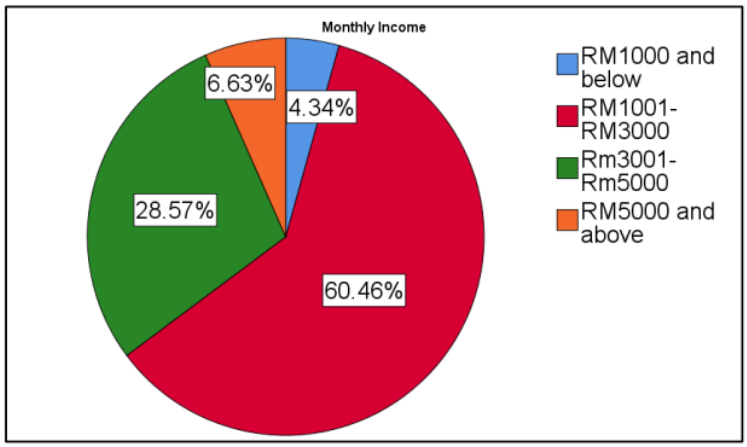


Figure 4.8. Monthly income

Figure 4.8 shows that 60.46% (247) of respondents' monthly income is around RM 1001-RM3000. 28.57% (112) of respondents indicated that their monthly salary falls within RM 3001-RM5000. However, 6.63% (26) of respondents get the highest monthly income, and 4.34% (17) of respondents get the lowest income, RM1000 and below.

4.1.1.9 Job Satisfaction

Table 4.9:

Job Satisfaction

	Frequency	**Percentage**	**Cumulative Frequency**	**Cumulative Percentage**
Yes	219	55.87	219	55.87
No	173	44.13	392	100.0

Source: Developed from SPSS

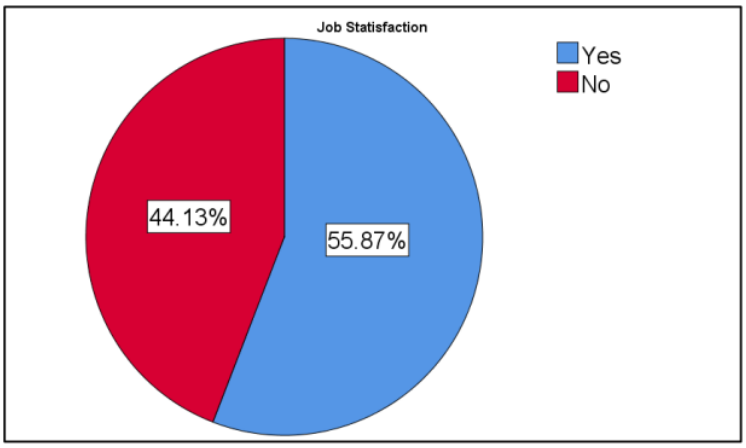


Figure 4.9. Job Satisfaction

As shown in Figure 4.9, 219 (55.87%) respondents are satisfied with their current jobs, but 173 (44.13%) respondents expressed dissatisfaction with their current positions.

4.1.1.10 Working hours

Table 1.10:

Working Hours

	Frequency	Percentage	Cumulative Frequency	Cumulative Percentage
Less than 8 hours	26	6.63	26	6.63
8 hours	135	34.44	161	41.07
More than 8 hours	231	58.93	392	100.0

Source: Developed from SPSS

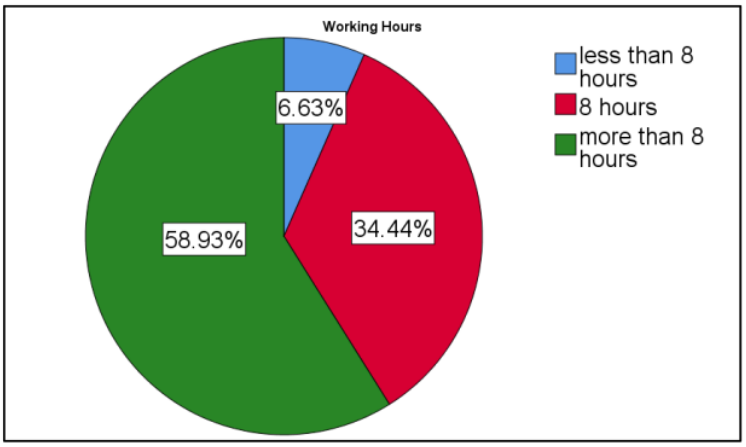


Figure 4.10. Working Hours

According to figure 4.10, most of the respondents worked more than 8 hours, which consisted of 58.93% (231). Besides, 34.44% (133) of respondents work 8 hours, while 6.63% (25) of respondents work less than 8 hours.

4.1.2 Central Tendencies Measurement of Constructs

The value of mean and standard deviation was utilised in the central tendencies assessment of constructs component of our research to indicate the central tendencies of all four intervals scale questions of the questionnaires in our research. The test result of the SPSS system determines the mean and standard deviation of each question.

4.1.2.1 Unplanned Absenteeism

Table 4.11:

Central Tendencies Measurement of Constructs: Unplanned Absenteeism

No	Statement	Mean	Standard Deviation	Mean Ranking	Std. Deviation Ranking
UA1	I always attend to the daily duty on time.	3.845	0.921	5	4
UA2	I was satisfied with my performance.	4.214	0.849	2	6
UA3	I have ever been absent from work in these last two months.	4.097	0.986	3	3
UA4	I strictly understand the hospital absenteeism policy	3.482	1.383	7	2
UA5	I easy to get unplanned leave in the hospital.	3.564	1.393	6	1
UA6	The disciplinary actions taken by the management reduce my absenteeism.	3.944	0.914	4	5
UA7	Lack of appropriate recognition and reward will lead me lack of motivation and cause absent in my job.	4.260	0.576	1	7

Source: Developed from SPSS

In Table 4.11 has showed the results of standard deviation and mean and the order for both value among the seven statements for unplanned absenteeism. Referring above table, UA 7 has the greatest mean value which valued at

4.260 then UA 2 ranked second which has a mean value at 4.214. While UA 3 at the 3rd valued at 4.097 followed by UA 6, UA 1, UA 5 at 3.944, 3.845, 3.564. While the lowest mean value at 3.482 for UA 4. Next, UA5 has the greatest standard deviation valued which valued at 1.393. Next, ranked secondly in standard deviation that valued at 1.383 from statement UA 4, followed by the third highest which is UA 3 with 0.986. While UA7 ranked last in standard deviation valued at 0.576

4.1.2.2 Organizational Factors

Table 4.12:

Central Tendencies Measurement of Constructs: Organizational Factors

No	Statement	Mean	Standard Deviation	Mean Ranking	Std. Deviation Ranking
	Job Payment				
OF1	My salary is enough to motivate me to work hard at all times.	3.768	0.907	5	6
	Reward and Recognition				
OF2	I have received the remuneration for my extra efforts.	3.801	0.971	4	4
OF3	Everyone has an equal opportunity for the career development	3.912	0.996	3	3

OF4	I have received the recognition for the work I do.	3.497	1.398	7	2
	Attendance Policy				
OF5	The attendance policy of the place where I work is fair and reasonable.	3.569	1.400	6	1
	Job Security				
OF6	I am satisfied with the pension, medical aid, achievement bonuses (SPMS) at my workplace.	3.949	0.914	2	5
OF7	I am secure in my job	4.247	0.570	1	7

Source: Developed from SPSS

In Table 4.12 has showed the results of standard deviation and mean together with the order of both mean and standard deviation value among the seven statements of organizational factors. OF 7 have the highest value for mean which is 4.247. Second highest is OF 2 at 3.949, while the third highest is OF 3 at 3.912, followed by OF 2, OF 1, OF5 at 3.801, 3.768, 3.569. The lowest is mean value is OF 4 at 3.497. Next, OF 5 have the greatest value of standard deviation, valued at 1.400, secondly OF 4 at 1.398, while the third highest is OF 3 at 0.996. Followed by OF 2, OF 6, OF 1 at 0.971, 0.914, 0.907. While the lowest value of standard deviation is OF 7 at 0.570.

4.1.2.3 Personal Factors

Table 4.13:

Central Tendencies Measurement of Constructs: Personal Factors

No.	Statement	Mean	Std. Deviation	Mean Ranking	Std Deviation Ranking
	Illness and Disease				
PF1	I absence from work when there is minor symptoms illness like flu, cold, headache, stomach upset.	3.824	0.851	4	6
	Substance Abuse				
PF2	I more likely to absence from work when I have the addiction of alcohol, drug, smoke due to lower energy that I possess.	4.074	0.874	3	5
	Attitude				
PF3	I have a habit of going to bed late for sleep which makes me absent from my work.	4.133	0.917	2	4
PF4	I choose to absent from work, whenever I have conflict with my	3.513	1.434	7	1

	working colleagues or bosses.				
	Family and Social Obligation				
PF5	I choose to be absence from work whenever there is social incidents like wedding, deaths or others.	3.602	1.405	6	2
PF6	I choose to be absence to work, if I encounter transport problem such as lack of taxi/bus, missed public transportation and overcrowding of roads.	3.791	1.134	5	3
PF7	I choose to be absence from work whenever there is family related problems such as family members gets sick, fight between couple, and visit of other family members.	4.250	0.571	1	7

Source: Developed from SPSS

In Table 4.13 has showed the results of standard deviation and mean together with the order of both mean and standard deviation value among the seven statements of personal factors. PF 7 have the greatest value of mean valued at 4.250. Next, ranked secondly is PF 3 at 4.133 and third highest value in mean is PF 2 at 4.074. Then followed by PF 1, PF 6, PF 5 at 3.824, 3.791, 3.602. While the lowest value for mean is PF 4 at 3.513. Next, PF 4 have the highest standard deviation value which is 1.434, secondly PF 5 at 1.405 while third highest is PF 6 at 1.134. Followed by PF 3, PF 2, PF 1 at 0.917, 0.874, 0.851. While the lowest value of standard deviation is PF 7 where it valued at 0.571.

4.1.2.4 Work-related Factors

Table 1.14:

Central Tendencies Measurement of Constructs: Work-related Factors

No.	Statement	Mean	Std Deviation	Mean Ranking	Std Deviation Ranking
	Physical condition:				
WF1	I encountered considerable noise, poor lighting, crowding of people and/or any problems that concern my physical working conditions.	3.765	0.859	5	5
WF2	I am satisfied with my working condition. E.g. my	4.107	0.805	3	6

	job equipment are good in order.				
	Workload				
WF3	I can complete the tasks assigned to me on time.	4.128	0.881	2	4
WF4	I am absent from work due to stress-related illness, e.g. tiredness	3.497	1.398	7	1
WF5	I am absent from work because I suffer from minor ailments, e.g. headache and backache.	3.569	1.396	6	2
	Nature of work				
WF6	I am satisfied with work content because it is interesting.	3.962	0.905	4	3
WF7	I am able to assume full responsibility for all I do.	4.247	0.570	1	7

Source: Developed from SPSS

In Table 4.14 has showed the results of standard deviation and mean together with the order of both mean and standard deviation value among the seven statements of work-related factors. WF 7 have the greatest value of mean valued at 4.247. Next, ranked secondly is WF 3 at 4.128 and third highest value in mean is WF 2 at 4.107. Then followed by WF 6, WF 1, WF 5 at 3.962, 3.765, 3.569. While the lowest value for mean is WF 4 at 3.497. Next, WF 4 have the highest standard deviation value, which is 1.398,

secondly WF 5 at 1.396 while third highest is WF 6 at 0.905. Followed by WF 3, WF 1, WF 2 at 0.881, 0.859, 0.805. While the lowest value of standard deviation is WF 7 where it valued at 0.570.

4.2 Scale Measurement

4.2.1 Reliability Test

To assess the consistency and accuracy of our questionnaire, we conducted reliability tests on the pilot test in Chapter 3. The results given below were tested in our 392 group surveys to determine the level of reliability in actual research.

Table 4.15:

Results of the Reliability Test

Variables	Dimensions	Number of Items	Cronbach's Alpha		Result of Reliability
			Pilot study	Full study	
Dependent Variable	Unplanned Absenteeism	7	0.823	0.811	Very Good Reliability
Independent Variables	Demographic Factors	7	0.831	0.737	Good Reliability
	Organizational Factors	7	0.844	0.783	Good Reliability
	Personal Factors	7	0.811	0.798	Good Reliability
	Work-related Factors	7	0.822	0.820	Very Good Reliability

Source: Developed from SPSS

According to Table 4.15, the dependent variable is unplanned absenteeism. Cronbach's Alpha result of unplanned absenteeism in the actual research was 0.811. It was slightly lower than the pilot test result (0.823). However, the unplanned absenteeism is still within very good reliability ranges.

There are four independent variables which are demographic factors, organizational factors, personal factors, and work-related factors. For demographic factors, Cronbach's Alpha in the actual research was 0.737. If compared with the pilot test result (0.831), it is significantly decreased. The Cronbach's Alpha values of demographic factors fall within the range of good reliability.

Moreover, for organizational factors, the result of Cronbach's Alpha in the actual research was 0.783. It was slightly lower than the pilot test result (0.844). The values in the actual research indicate that the organizational factors are within a good reliability range.

Furthermore, for personal factors, the result of Cronbach's Alpha in the actual research was 0.798. If compared with the pilot test (0.811), it decreased significantly. Cronbach's Alpha values of personal factors falls within a good reliability range.

Besides, for work-related factors, the Cronbach's Alpha was 0.820 in the actual research. Compared with the pilot test result (0.822), it was decreased. The values in the actual research indicate that the work-related factors are within a very good reliability range.

4.3 Inferential Analysis

In inferential analysis, Blaikie (2003) mentions that in order to understand results that gained from the probability sample of the population, inferential analysis is used and it is also mentioned that procedure of randomly drawing sample and good rate in getting response. Person's Correlation Coefficient and Multiple Linear Regression Analysis is being used in our research to illustrate the result of correlation together with the summary of model and coefficient.

4.3.1 Pearson's Correlation Coefficient

In order to measure the relationship between variables, Pearson's Correlation Coefficient is being used (Schober et al., 2018). Correlations are the linear relationship context between the dependent variables and independent variables. The interpretation of correlation coefficients show in table below.

Table 4.16:

Interpretation of Pearson Correlation Coefficient

Absolute Magnitude of the Observed Correlation Coefficient	**Interpretation**
Negligible correlation	±0.00-0.10
Weak correlation	±0.10-0.39
Moderate correlation	±0.40-0.69
Strong correlation	±0.70-0.89
Very strong correlation	±0.90-1.00

Source: Schober, P., Boer, C., & Schwarte, L. A. (2018). Correlation coefficients: Appropriate use and interpretation. *Anesthesia and Analgesia, 126*(5), 1763-1768.

Hypothesis 1

$H1_0$: The demographic factors are not affected the unplanned absenteeism among nurses in Selangor.

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

Table 4.17:

Correlations between Unplanned Absenteeism and Demographic Factors

		Unplanned Absenteeism
Demographic Factors	Pearson Correlation	-0.026
	p-value	0.610
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.17, the relationship between demographic factors and the unplanned absenteeism is negative correlation. When demographic factors increases, it does not reflect to unplanned absenteeism among nurse. The demographic factors has correlation of -0.026 with unplanned absenteeism which the coefficient value is considered as negligible correlation in the range of 0.00-0.10. Therefore, their correlation is negligible and since p-value is 0.610 more than alpha value 0.05, demographic factors does not have significant relationship with unplanned absenteeism. In the nutshell, null hypothesis (H_0) is failed to reject and alternative hypothesis (H_1) is not accepted.

Hypothesis 2

$H2_0$: The organisational factors are not affected the unplanned absenteeism among nurses in Selangor.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

Table 4.18:

Correlations between Unplanned Absenteeism and Organizational Factors

		Unplanned Absenteeism
Organizational Factors	Pearson Correlation	0.972
	p-value	<0.01
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.18, the relationship between organisational factor and the unplanned absenteeism is positive correlation. When organisational factors increases, the unplanned absenteeism among nurses increases. The organisational factors has correlation of 0.972 with unplanned absenteeism which the coefficient value is considered as very strong correlation in the range of 0.90-1.00. Therefore, their correlation coefficient is positive since p-value <0.01 is less than alpha value 0.05, organisational factors have significant relationship with unplanned absenteeism. In the nutshell, null hypothesis (H_0) is rejected and alternative hypothesis (H_1) is accepted.

Hypothesis 3

$H3_0$: The personal factors are not affected the unplanned absenteeism among in Selangor.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

Table 4.19:

Correlations between Unplanned Absenteeism and Personal Factors

		Unplanned Absenteeism
Personal Factors	Pearson Correlation	.970
	p-value	<0.01
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.19, the relationship between personal factors and the unplanned absenteeism is positive correlation. When personal factors increases, the unplanned absenteeism among nurses increases. The personal factor has correlation of 0.970 with unplanned absenteeism which the coefficient value is considered as very strong correlation in the range of 0.90-1.00. Personal factors and unplanned absenteeism among nurse shows a significant relationship since p-value <0.01 is less than alpha value 0.05, personal factors have significant relationship with unplanned absenteeism.

In the nutshell, null hypothesis (H_0) is rejected and alternative hypothesis (H_1) is accepted.

Hypothesis 4

$H4_0$: The work-related factors are not affected the unplanned absenteeism among nurses in Selangor.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

Table 4.20:

Correlations between Unplanned Absenteeism and Work-related Factors

		Unplanned Absenteeism
Work-related Factors	Pearson Correlation	.990
	p-value	<0.01
	N	392
Unplanned Absenteeism	Pearson Correlation	1
	p-value	
	N	392

Source: Developed from SPSS

From table 4.20, the relationship between the work-related factors and the unplanned absenteeism is positive correlation. When work-related factors increases, the unplanned absenteeism among nurse increases. The work-related factors has correlation of 0.990 with unplanned absenteeism which the coefficient value is considered as very strong correlation in the range of 0.90-1.00. There is a significant relationship between work-related factors and unplanned absenteeism among nurse since p-value <0.01 is less than

alpha value 0.05, work-related factors have significant relationship with unplanned absenteeism. In the nutshell, null hypothesis (H_0) is rejected and alternative hypothesis (H_1) is accepted

4.3.2 Multiple Linear Regression

Multiple Linear Regression is used to find out the value for two and more independent variable to dependent variable via linear equation by substituting the data acquired. Every x, independent variable is followed with y, dependent variable.

$H5_0$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are not affected the unplanned absenteeism among nurses in Selangor.

$H5_1$: The independent variables (demographic factors, organizational factors, personal factors, and work-related factors) are affected the unplanned absenteeism among nurses in Selangor.

Table 4.21:

Analysis of Variance

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	194.018	4	48.505	4607.673	0.000
Residual	4.074	387	0.011		
Total	198.092	391			

Source: Developed from SPSS

From the table 4.21, the p-value is <0.01 which is lower than 0.05, the alpha value that shows the F-value is significant. The research model is able to explain the relationship between the independent variables (demographic factors, organizational factors, personal factors, and work-related factors) and dependent variable (unplanned absenteeism). This shows that every of the independent variables can be explained significantly the variances of the unplanned absenteeism. Thus, the data supports alternate hypothesis (H_1).

Table 4.22:

Model Summary of R-square Value

R-Square	Adjusted R-Square
0.979	0.979

Source: Developed from SPSS

The value of R-square value is explaining how the independent variables is related with dependent variables. The R-square of independent variables (demographic factors, organizational factors, personal factors, and work-related factors) is 0.979 which suggests that this model is 97.9% explain the dependent variable variation and 2.1% of them not explainable via the model which mentions other factors applicable to explain unplanned absenteeism.

Table 4.23:

Parameter Estimates

Variable	Unstandardized Coefficients Beta	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.

(Constant)	-0.011	0.036		-0.306	0.760
Demographic Factors	0.012	0.010	0.008	1.143	0.254
Organizational Factors	-0.010	0.040	-0.010	-0.261	0.794
Personal Factors	0.004	0.036	0.004	0.115	0.909
Work-related Factors	1.008	0.051	0.996	19.952	0.000

Source: Developed from SPSS

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

Based on table 4.23, the result of demographic factors is not significant to interpret the dependent variable (unplanned absenteeism) as the p-value for demographic factors with a p-value of 0.254 which more than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 2 is rejected.

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

Based on table 4.23, the result of organisational factors is not significant to interpret the dependent variable (unplanned absenteeism) as the p-value for organizational factors with a p-value of 0.794 which more than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 3 is rejected.

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

Based on table 4.23, the result of personal factors is not significant to interpret the dependent variable (unplanned absenteeism) as the p-value for

personal factors with a p-value of 0.909 which more than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 4 is rejected.

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

Based on table 4.23, the result of work-related factors is significant to interpret the dependent variable (unplanned absenteeism) as the p-value for work-related factors less than the alpha value of 0.05. Therefore, the alternate hypothesis of hypothesis 5 is accepted.

Regression Equation:

Formula: Y= a + b1X1 + b2X2 + b3X3 +b4X4

Unplanned Absenteeism = -0.011 + 0.004 (personal factors) – (0.010) (organisational factors) + 1.008 (work-related factors) + 0.012 (demographic factors)

- Y represent the dependent variable (unplanned absenteeism)

- a represents the intercept or constant,

- b was the partial regression coefficients, also mean the expected change in the

Dependent variable

- *X*1, *X*2, *X*3… represent independent variables (demographic factors, organizational factors, personal factors, and work-related factors,)

The table illustrates the parameter estimates on contribution of every independent variable to dependent variable and work-related factors with value of 1.008 as strongest variable effect on unplanned absenteeism. Secondly, the demographic factors with value of 0.012 followed by 0.004 value of parameter estimate of personal factors. Lastly, the organisational

factors with the value of -0.010. Work-related factors contributes the most and affecting the unplanned absenteeism. Hence, it is proposed that work-related factors need to be concerned and propose appropriate solutions to resolve the unplanned absenteeism.

4.4 Conclusion

Descriptive analysis, reliability analysis, and inferential analysis have been carried out to analyse the data obtain from the questionnaires in this chapter. The result illustrated that there is a significant relationship between the dependent variables (unplanned absenteeism) and the independent variable (work-related factors), and there is no significant relationship between the dependent variables (unplanned absenteeism) and independent variables (demographic factors, organizational factors, and personal factors). The outcome and clarifications based on the analysis, further discussions, and major findings will be carried out in the last chapter of this research.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.0 Introduction

We will discuss major findings and draw a conclusion in this chapter. Chapter 5 consists of 6 parts. First of all, we will summarize statistical analysis and discuss the major finding on how the independent variables give an impact on the dependent variable in the following part. After that, we will discuss the implication and limitations of the research. Lastly, we will give some recommendations for future research and draw a conclusion for our research.

5.1 Summary of Statistical Analysis

There are total 392 nurse from Selangor have participated in the survey in which 302 (77.04) are female, 90 (22.96%) are male. There are total 366 (93.37%) respondents are around 20-29 year old, 17 (4.34%) respondents are around 40-49 year old, and 9 (2.30%) respondents are around 30-39 year old 384 out of 392 (77.04%) respondents are female, while 8 (22.96%) respondents are male.

Besides, 294 out of 392 respondents are single, which occupied 75%, married respondents with 46.2% about 87 respondents. There are 10 (2.55%) divorcee and 1 (0.26%) separated. For the work experience, there are 168 (42.86%) respondents who have around 0-2 years' work experience, followed by 3-4 years' work experience with 120 (30.61%) respondents. Besides, respondents who have 6 years and above work experience consist of 100 (25.51%), while only 4 (1.02%) respondents have 5-6 years of work experience.

Subsequently, the majority of respondents (213 or 54.34%) who participated in the survey indicated that they had never asked for leave within a month, 141 (36.97%) respondents had taken leave once in a month, 38 (9.69%) of respondents had taken the leave at least 2 in a month. However, our survey results were not the same as previous studies, as other studies indicated that most of them would be absent from their work. In our survey, most of the respondents were never absent from work may be due to nurses' ethics during the Covid-19 pandemic. Alloubani, Khater, Akhu-Zaheya, Almomani, and Alashram, (2021) study shows sympathy has been indicated as a nursing ethical value with traits of understanding the needs of patients and their families and providing care based on moral and ethical standards, thus nurses felt that they are the obligation of nurses to provide care for patients, especially during a pandemic. At the same time, nurses' ethics also showed in Malaysia during the worst of the pandemic. For example, 3,000 retired nurses have registered to come back to serve on the frontline in 2020, in order to help to contain the Covid-19 outbreak (Chan, 2020).

For the number of child, the highest portion of respondents have no child (258 or 65.82%), 35(8.93%) out of 392 respondents have at least one child. There are 99 (25.26%) respondents who indicated that this question is not applicable to them. For the educational level, the highest portion of respondents is diploma holders (245 or 62.50%), followed by degrees and above (89 or 22.70%). There are total of 50 (12.76%) respondents who hold the STPM certificate, and 8 (2.04%) respondents have SPM and are below education level.

For the monthly income, most of the respondents' income fall with RM 1001-RM 3000 (247 or 60.46%), 112 (28.57%) respondents' income are fall within RM 3001-RM 5000(24%). 26 (6.63%) out of 392 respondents' income at least RM 5001, while 17 (4.34%) respondents income fall below RM 1000.

From the survey, most of the respondents are satisfied with their job (219 or 55.87%), while 173 (44.13%) respondents are not satisfied with their job. The survey result is different from the previous studies, as most of the nurses are dissatisfied with their job. However, in the research of Yew, Yong, Tey, Cheong, and Ng (2020) the factors affecting nurse satisfaction in Malaysia are salary, task

requirements, and organizational policies. However, the salary will be the major factor affecting nurses' job satisfaction in Malaysia. Hence, we can explain that most of the respondents are satisfied with their salaries. However, in our research, other than job satisfaction, working environment, and personal issues may cause nurse absenteeism.

For the working hours, the highest portion of respondents work more than 8 hours (231 or 58.93%), 135 (34.44%) respondents work for 8 hours. Lastly, 26(6.63%) respondents work for less than 8 hours (15.67%).

5.1.1 Summary of Inertial Analysis

5.1.2.1 Pearson Correlation Analysis

Table 5.1:

Pearson Correlation Analysis

Hypotheses	r- value p- value	Conclusion
Hypothesis 1 $H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.	r- value : 0.737 P- value : 0.610	$H1_1$ is not supported
Hypothesis 2 $H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.	r- value : 0.783 P- value: < 0.000	$H2_1$ is supported
Hypothesis 3	r- value : 0.798 P- value: < 0.000	$H3_1$ is supported

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.		
Hypothesis 4 $H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.	r- value : 0.820 P- value: < 0.000	$H4_1$ is supported

Source: Developed from Statistical Package for the Social Sciences (SPSS)

According to the Pearson correlation analysis, the hypothesis 2 ($H2_1$), hypothesis 3 ($H3_1$), and hypothesis 4 ($H4_1$) are correlated with dependents (unplanned absenteeism) as the p-value is less than alpha (α) 0.05. The hypothesis 1 ($H1_1$) is not correlated with dependents as p-value is greater than alpha (α) 0.05.

5.1.2.2 Multiple Linear Regressions

Regression Equation:

$Y = a + b1X1 + b2X2 + b3X3$

Unplanned Absenteeism = -0.011 + 0.004 (Personal Factors) -0.010 (Organisational Factors) + 1.008 (Work-related Factors) + 0.012 (Demographic Factors)

- Y represent the dependent variable (Unplanned Absenteeism)
- a represents the intercept or constant,

- b was the partial regression coefficients, also mean the expected change in the dependent variable

- $X1$, $X2$, $X3$… represent independent variables (Demographic Factors, Work Related Factors, Organizational Factors and Personal Factors)

In the research, the work-related factors is the predictor variables that contributes the highest to the variation of the dependent variable (unplanned absenteeism) because the Beta value for this variable is the highest (1.008). Secondly, the demographic factors is second highest contribute to variation of dependent (0.012), followed by organization factors (0.010). The personal factor has the lowest contributes to dependent variables as the Beta value for personal factor is 0.004

5.2 Discussions of Major Findings

5.2.1 Demographic Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 1:

$H1_1$: The demographic factors are affected the unplanned absenteeism among nurses in Selangor.

$H1_1$ has not supported the result since the p-value (>0.0001) is more than alpha value 0.05. There is not significant relationship between demographics factors and unplanned absenteeism among nurses in Selangor. In addition, the result of correlation coefficient of -0.26, within the coefficient range from ±0.00 to ±0.20 which show the relationship between demographic factors and unplanned absenteeism among nurses in Selangor is negative and almost negligible correlation.

Our research results same as Shapira-Lishchinsky and Raftar-Ozery (2016), demographic factors do not have a apparent impact on employee absenteeism, so employee absenteeism is not affected by age, gender, and seniority. The relationship between age and absenteeism is weak (Bouville et al., 2018). The literature on demographic factors shows that age does not affect employee absenteeism, but age is positively associated with employee physical health, which in turn is positively associated with sick leave. In others word, that employee absenteeism is only weakly associated with age, but age may exacerbate other factors, thereby affecting employee absenteeism (Saruan et al., 2020).

According to Mollazadeh et al. (2018), there is no apparent relationship between sick leave absences and demographics, and even less between gender and employee absences. A non-significant relationship between tenure and absence from work has been found in the healthcare literature (Castel, Ginsburg, Zaheer & Tamim, 2015).

5.2.2 Organizational Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 2:

$H2_1$: The organisational factors are affected the unplanned absenteeism among nurses in Selangor.

The result based on the analysis, $H2_1$ has not supported since the p-value (>0.0001) is more than alpha value 0.05. The relationship between organizational factors and unplanned absenteeism among nurses in Selangor is not significant. In addition, the result of correlation coefficient of 0.972 within the coefficient range from ±0.90 to ±1.00. Therefore, the

organizational factors and unplanned absenteeism among nurses in Selangor has a positive relationship and very strong correlation.

In this research, the organizational factors do not significantly affect employee absenteeism. Based on Ybema, van der Meer, and Leijten (2016), fair wages and employee absence don't have direct vertical relationship, especially employee sick leave. The implication is that assigning a fair salary to employees is not important in terms of reducing sick leave, and employees will not indirectly increase sick leave because they are not satisfied with the unfair salary.

Attendance policies and incentives do not directly affect employee absences, and even change the behavior of otherwise low absenteeism employees without increasing their attendance. According to Gubler, Larkin, and Pierce (2016), it was shown that attendance incentive programs crowded out previously high performers, causing them to be less punctual, and even after the program was introduced, those with above-average attendance were less productive 8%. These incentive spillovers are caused by the perceived unfairness of previously high attendance employees not being rewarded.

5.2.3 Personal Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 3:

$H3_1$: The personal factors are affected the unplanned absenteeism among in Selangor.

$H3_1$ has not supported the result since the p-value (>0.0001) is more than alpha value 0.05. The relationship between personal factors and unplanned

absenteeism among nurses in Selangor is not significant. In addition, the result of correlation coefficient of 0.970 within the coefficient range from ±0.90 to ±1.00, so the personal factors and unplanned absenteeism among nurses in Selangor is positive relationship and very strong correlation.

In our research results, the personal factors do not significantly affect employee absenteeism. According to Alotaibi and Abdelhay (2018), an astonishing finding was found that 57.4% of doctors did not choose to be absent when sick, they will work as usual. And often a large part of the work when sick is the family doctor. According to Shockley, Shen, DeNunzio, Arvan, and Knudsen (2017), family responsibilities have no significant impact on employee absenteeism. There is a myth that women have greater challenges than men in work-family conflict (WFC), however has found that gender no significant affect employee absenteeism in work-family conflict (Shockley et al., 2017).

Based on Boyar, Wagner, Petzinger, and McKinley (2016), research found that employees that having a caregiver role responsibility (CRR) was not significantly associated with employee absenteeism, and a person spending time caring for family members could not predict and represent his or her attendance or absence behavior.

5.2.4 Work-related Factors and Unplanned Absenteeism among Nurses in Selangor

Hypothesis 4:

$H4_1$: The work-related factors are affected the unplanned absenteeism among nurses in Selangor.

The result based on the analyse show that, $H4_1$ is supported since the p-value (<0.0001) is lower than alpha value 0.05. There is a significant relationship between work-related factors and unplanned absenteeism among nurses in Selangor. In addition, the correlation coefficient value of 0.990 within the coefficient range from ±0.90 to ±1.00. Therefore, work-related factors and unplanned absenteeism among nurses in Selangor has a positive relationship and very strong correlation.

Work-related factors are critical to employee absenteeism, and the increased workload of nurses on duty leads to psychological problems such as stress and depression, so organizations need to take cautious measures (Mbombi, Mothiba, Malema & Malatji, 2018). Nurse managers can provide a dedicated platform to address the concerns of on-duty nurses with the workload of helping absent colleagues, such as psychological and stressful issues (Mbombi et al., 2018). Workplaces should strengthen existing health programs and absenteeism policies to address nurses' mental and physical health.

According to Schneider et al. (2017), nurse absenteeism will lead to an increase in the workload of the nurses on duty, and then the vicious cycle of the nurses on duty becoming sick due to the increased workload. Organizations should reduce nurse workload by improving nurse staffing and allocating nurse workload based on patient severity (Lee & Kim, 2020). The most effective way to reduce nurses' workload is to adequately staff the nursing department.

5.3 Implications of the Study

5.3.1 Theoretical Implications

In our research, we presented a research model which included how demographic, organisational, personal, and work-related factors influence unplanned absenteeism among nurses in Selangor state. In the framework proposed of our research, the research model is based on the framework of various researchers, while there is still a lack of research indicating the relationship between all the factors mentioned that will affect nurse's unplanned absenteeism in the Selangor state of Malaysia. Thus, our research could be helpful in the future research of another researcher's research.

The framework for the research carried out by us indicating an adequate corelation relatively with the data we collected in this research, where it enable us to identify that the organizational, personal, and work-related factors have a significate relationship with the unplanned absenteeism among nurses in Selangor, Malaysia in the research. Hence, we are able to conclude that these three factors have the most impact toward the unplanned absenteeism among nurses in Selangor state, Malaysia in our research.

5.3.2 Managerial Implication

The healthcare sector has been recognised as an industry that has a significant contribution to the society. The role of healthcare provision indication such as nurses provided in the healthcare system and support plays an important role that shows a strong connection between patient satisfaction level. Therefore, absenteeism is not a thing that we could tolerance especially unplanned absenteeism. We found that the organizational, personal, does not have a significant relationship with unplanned absenteeism among nurses while work-related factors has a strong correlation with the unplanned absenteeism among nurses in Selangor, Malaysia. There have been a few studies conducted to determine the main cause of unplanned absenteeism; as a result, we have been able to

narrow down the elements that cause unplanned absenteeism and using our research, we have been able to narrow down the causes that cause unplanned absenteeism. However only work-related factor has a strong correlation with unplanned absenteeism among nurses in Selangor. Hence, it is very important that the managerial team of the healthcare industry to implement strategies to overcome the unplanned absenteeism among nurses in the area of work-related factors which is the most contributor to absenteeism in our finding.

Besides, in our research we found that the work-related factors have a significant positive relationship with unplanned absenteeism among nurses. There are some ways to tackle this problem. For work-related factors, managerial team should make sure that the basic necessity in the workplace for nurses is well equipped, improvement have to be done from time to time as well the necessity for nurses due to the climate change. For example, the managerial team should provide a good measurement of safety precaution such as following the S.O.P sets by the Malaysian government when battling the pandemic of Covid-19, and also providing enough PPE for the nurses who is handling the Covid-19 patient. Therefore, nurses will feel safe and job satisfaction increase while they are working in that environment. Besides, a good structure of workload distribution should be implemented to avoid any unsatisfied double shift nurse which could lead to unplanned absenteeism.

5.3.3 Legal Implication

Absenteeism is a chronic disease in any organisation where employees is the organisation greatest assets, however if the workforce is not able to reach its productivity efficiency the organisation will suffer a great lost not only in the healthcare industry but every industry as well. In our research of unplanned absenteeism among nurses in Selangor, from the data collected

in our research shows that nurses tend to not absence themselves during this crucial time with the country fighting against the pandemic. However, if unplanned absenteeism occurred in the organisation, the legal implication for employee who is in frequent absence may lead to the breached of contract with the employer in the relevant section of Malaysia Employment Act 1955 that deals with absenteeism in section 15(2).

According to s.15(2) of the Employment Act 1955 "*An employee shall be deemed to have broken his contract of service with the employer if he has been continuously absent from work for more than two consecutive working days without prior leave from his employer, unless he has a reasonable excuse for such absence and has informed or attempted to inform his employer of such excuse prior to or at the earliest opportunity during such absence*"

If nurse absence from work and that the nurse's absence is satisfied with all the requirement from the Malaysia Employment Act 1955 section 15(2) the ideal steps to be taken by their employer is to issue a show cause letter and wait for the reply from the employee and to evaluate the reply from their employee and judge if the excuse is acceptable. If the reason is unfit then employer shall punish the particular employee under the criteria of Malaysia Employment Act 1955 section 14(1). According to s.14(1) of the Employment Act 1955 "*An employer may, on the grounds of misconduct inconsistent with the fulfilment of the express or implied conditions of his service, after due inquiry –*

a) *Dismiss without notice the employee;*
b) *Downgrade the employee; or*
c) *Impose any other lesser punishment as he deems just and fit, and where a punishment of suspension without wages is imposed, it shall not exceed a period of two weeks."*

If the situation persists, the employer is able to issue a final warning then termination. Employers need to repeat disciplinary process to ensure the employee is fairly dismissed. The employer bears the burden of proving that the employee was fired fairly under Section 20 of the IRA of 1967. The goal is to show the court that the dismissal was justified or excused, and that the standards of natural justice were followed by giving the employee a chance to explain his absence. Many (but not all) businesses have a disciplinary system in place, which frequently entails more steps than what is determined by case law. If the firm can demonstrate that the disciplinary procedure was followed in its entirety, there is a higher possibility that the court will agree with the company's judgement.

5.4 Limitation to Study

5.4.1 Covid-19 Pandemic

Due to the pandemic, everyone's life change. This causing the method of collecting data via outdoor interview is not being chosen by the researchers for the safety purpose in order to avoid being infected with COVID-19. Due to this situation, it is more likely to use collecting methods like via email, sharing on related social media group to collect data. In this situation, researchers requires more effort other than sending email to the hospitals and getting contact with friends that working in the particular fields to answer the questionnaire and sharing it to their colleagues.

5.4.2 Respondents' Participation

During the period the research is being conducted, the research team use three methods to distribute the questionnaire. Firstly, the researchers are

sending the email to the hospitals, sending questionnaire to friends working in related field and posting the questionnaire in the related groups on social media. The questionnaire is not easy to be aware and will only fill the questionnaires during free time. The email sent to the hospitals is rejected for not having related documents.

5.4.3 Time Limitation

A lot of times are spent to send the email to the respondents when carrying out our research and also take a long time to get reply from the respondents. Besides, it needs to be more cautious when we are using the data to carry out the SPSS test as it takes a long time as there is 392 questionnaires required to key in without mistake. With these issues, researchers spend a lot of time when facing these issues but the progress of research is still catching up and not overly left behind. The research team is putting extra effort and utilize the time to accomplish the task.

5.5 Recommendations for Future Research

We have completed the research, even though we are suffering some limitations. However, we still have some recommendations provided for researchers conducting similar research in the future.

First, target respondents should expand to other states in Malaysia instead of focusing only on Selangor. This will broaden the scope of the research and increase the number of respondents. As a result, results can be more representative and universal, while bias problems can be prevented.

In this research research, we are using the snowball sampling method to collect our data. In order to get accurate data from the target population, future researchers should write a letter or send an email to contact the hospital and let them help to distribute the questionnaire.

Besides that, in order to increase the reliability of data, the researchers must design the questions to ensure that all respondents understand the questions. The researchers should use concise and clear words to avoid respondents misunderstanding the meaning of the questionnaire.

5.6 Conclusion

The results of this research indicate a significant relationship between work-related factors and unplanned absenteeism. Besides, this research showed there is not significant relationship between demographic factors, organizational factors, personal factors, and unplanned absenteeism. After the research was completed, awareness of the relationship between unplanned absenteeism and work-related factors in the nursing profession increased. Moreover, this research could help hospitals understand what factors affect nurses' unplanned absences. Therefore, they can manage the nurse unplanned absenteeism to avoid the increase in nurse unplanned absenteeism rate. Lastly, future researchers should conduct further research on this topic to decrease the nurse's unplanned absenteeism rate.

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