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The demotivating impact of absenteeism in nursing homes

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Abstract

Aim: The study explores how prevailing absenteeism frustrates or thwarts nurses' and nursing assistants' basic psychological needs (autonomy, competence and relatedness), using self-determination theory.

Background: Our study responds to the call to investigate how organisational characteristics influence employees' psychological need, satisfaction and their attitudes and behaviours.

Method: We conducted a semantic analysis of the discourse of 42 nurses and nursing assistants working in nursing homes for older dependent people in France.

Results: The analysis subdivides participants' discourse into four themes: short-term absenteeism, lack of competence, lack of recognition and work overload. These themes are all linked to participants' perceived deficits or threats concerning their psychological needs.

Conclusions: The prevailing absenteeism has a harmful spiral impact on nurses' and nursing assistants' attitudes and behaviours, and, ultimately, on the quality of care received by the patients.

Implications for Nursing Management: Our study confirms the need to adopt various managerial actions to address the following interrelated issues: controlling short-term absences, reducing work overload and giving training and recognition.

KEYWORDS

absenteeism, caregivers, motivation, needs, nurses, self-determination theory

1 | INTRODUCTION

Absenteeism is viewed as a major issue in health care organisations because it involves immense human and financial costs. There is the time investment of recruiting and training substitutes, the losses resulting from the reorganisation of work, the stress and work overload experienced by the employees present at work, the risk of reduced quality and quantity of the services offered, etc. To date, researchers have proposed reviews and models of the numerous and varied determining factors of absenteeism to understand the phenomenon better and control it (Johns, 1997; Porter & Steers, 1973). Long-range studies of nurses' or nursing assistants' absenteeism have targeted one or several specific determinants (Cohen & Golan, 2007; Davey et al., 2009; Gaudine et al., 2013; Hackett & Bycio, 1996; Newman, 1974; Schreuder et al., 2011). However, considering their inconsistent results, many researchers pursue efforts in investigating the underlying reasons for absenteeism among nurses and nursing assistants (Alreshidi et al., 2019; Baydoun et al., 2015; Burmeister et al., 2019; Ticharwa et al., 2019). This study aims at contributing to knowledge by analysing how ambient absenteeism in nursing homes may frustrate or thwart nurses' and nursing assistants'

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basic psychological needs, hence undermining their work attitudes and behaviours.

This study offers various contributions to the field. First, it meets the need to investigate how organisational characteristics influence nurses' and nursing assistants' attitudes and behaviours (Austin et al., 2020; Damart & Kletz, 2016). Second, we contribute to a neglected area of research on the eldercare crisis in conducting this study in nursing homes for older and dependent persons. During the COVID-19 pandemic, rampant absenteeism among workers in health care institutions, particularly in nursing homes for older dependent persons, has forced several of them to transfer staff, often part-time nursing assistants, which accelerated the spread of the virus. Finally, population ageing and mounting expectations regarding care have led to the increase of health care worker jobs in all developed countries. Hence, increased understanding of nurses' and nursing assistants' absenteeism is likely to improve patients' well-being, which will ultimately benefit health care organisations and society.

2 | BACKGROUND

Self-determination theory (SDT) has evolved over the years (Deci et al., 2017; Deci & Ryan, 2000; Gagné & Deci, 2005). It posits that both personal and work context characteristics impact the level of satisfaction of three basic psychological needs for autonomy, competence and relatedness. According to this theory, the more individuals' basic psychological needs are fulfilled, the more they experience autonomous motivation and adopt positive attitudes and behaviours, which have been confirmed by many researchers (see Van Den Broeck et al.,'s review, 2016). The ***need for autonomy*** refers to experiencing freedom of choice and accountability when people act. People need to control their actions rather than being pushed, prodded or compelled by external or internal forces or pressure designed to make them behave in specific ways or against their will. This feeling of autonomy involves people's need to act of their own free will and give meaning to their choices, even if this implies conforming to others' wishes. When people's need for autonomy is frustrated, they feel they are not responsible for their actions and made to act against their will because of external or internal factors (Olafsen et al., 2017). The ***need for competence*** corresponds to people's need to master the skills required to perform and to feel confident, productive and competent in doing their daily tasks or activities (White, 1959). Frustrated competence needs are likely to induce feelings of incompetence and the impossibility of reaching the desired goals (Olafsen et al., 2017). The ***need for relatedness*** involves the desire to have meaningful and mutual work relationships or connectedness with others (Baumeister & Leary, 1995). When this need is frustrated, people experience feelings of a lack of belonging and close connection with others (Olafsen et al., 2017).

To date, there are very few workplace studies that have explored the relationship between fulfilling individual basic psychological needs and absenteeism. In a questionnaire-based study, Williams et al. (2014) have shown a negative link between employees' satisfaction with the need for autonomy and absenteeism. In their longitudinal questionnaire-based study conducted in the health care services industry, Olafsen et al. (2017) find that thwarting the managers' three basic psychological needs is associated with higher levels of work-related stress, which, in turn, increases emotional exhaustion, intention to quit, and absenteeism. The recent study by Boudrias et al. (2020) confirms the moderator impact of satisfaction of the three psychological needs on the relationship between contextual factors and nurses' work-related attitudes and adaptation to their professional environment.

3 | METHOD

We conducted the study in nursing homes for dependent older adults located in France, where they are called *Établissements d'Hébergement pour Personnes Agées Dépendantes* (EHPADs) (https://www.ehpad.fr/levolution-du-secteur-ehpad-dans-les-prochaines-annees/).

3.1 | Nursing homes for dependent older adults in France

In France, nursing homes for dependent older adults number 4,200. They consist of a collective real estate complex composed of 80 patient rooms on average. They take in nearly 600,000 people with an average age of 86 years; 70% are women. Residents often have Alzheimer's disease (55%) and high blood pressure (49%). Around 430,000 health care people (nursing assistants, nurses, coordinating doctors, etc.) work in these nursing homes. French work regulations prescribe allocating salaries in nursing homes similar to those of incumbents with the same diploma level in similar jobs in other organisations or activity sectors. However, nursing and nursing assistant professions are female-dominated jobs that have historically and culturally been underestimated in value and, therefore, compensation (St-Onge, 2020).

Nurses' and nursing assistants' working conditions in nursing homes for dependent older people are renowned as difficult (Calvet et al., 2017; Marquier et al., 2016) in terms of both workload and schedules that require them, among other things, to work one weekend out of two. Bazin and Muller's report (2018) provides information regarding these nursing homes. They have a ratio of 22.8 health care positions per 100 patients in private for-profit facilities versus 36.7 health care positions in public hospital facilities. Additionally, staff turnover is high, 15% of their employees cumulating less than one year of seniority. Close to 44% of these nursing homes experience recruitment difficulties; 63% report unfilled posts for more than six months. Recruitment is particularly difficult for institutions located in isolated municipalities and in the private sector. Absenteeism rates in nursing homes for dependent older adults are relatively high, at 10% versus 5.3% in the health care sector and 4.7% in all other sectors (Ayming, 2018).

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TABLE 1 Characteristics of the sample of nursing home participants[a]

N	Participant (assigned code)	Nursing home	Job title[a]	Gender (female, male)	Seniority (years)
1	1	E	CC	F	9
2	2		CC	F	3
3	3		N	F	1.5
4	4		CC	F	10
5	5		N	F	6
6	6		NCC	F	1
7	7		CC	F	9
8	8		CC	M	10
9	9	L	CC	F	5
10	10		CC	F	5
11	11		N	F	6
12	12		N	F	0
13	13		NCC	F	15
14	14		CC	F	0.8
15	15		N	F	10
16	16		NCC	F	10
17	17	D	N	F	4.5
18	18		CC	F	19
19	19		NCC	F	2
20	20		NCC	F	11
21	21		NCC	F	15
22	22		N	F	4
23	23		CC	F	4
24	24		CC	F	19
25	25	A	N	F	2
26	26		CC	F	10
27	28		NCC	F	3
28	29		NCC	F	2
29	30		NCC	F	1
30	31		NCC	F	0
31	32	C	NCC	F	7
32	33		CC	F	3
33	34		CC	F	8
34	35		N	F	2
35	36		N	M	4
36	37	H	NCC	F	5
37	38		CC	F	8
38	39		CC	F	1
39	41		CC	F	12
40	50	I	N	F	2
41	51		CC	F	6
42	52		NCC	F	7

[a]N, nurse; CC, certified caregiver; NCC, noncertified caregiver. In France, these two categories of caregivers act as nursing assistants.

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3.2 | Research participants

We used a snowball technique (Creswell & Creswell, 2017) to select seven private nursing homes for older dependent persons in one region in France, in the *departments* of Haute-Garonne and Gers. Each voluntary organisation proposed a list of three to eight potential participants, either nurses or nursing assistants. As in all countries, ***nurses*** focus on improving health and maintaining autonomy while providing care corresponding to each person's needs. In France, two kinds of ***nursing assistants*** work in homes for dependent older adults. In our study, we classify them as ***certified caregivers*** and ***noncertified caregivers***. Both groups of caregivers contribute to the patients' overall care in providing hygiene and comfort care (helping with getting up, going to bed, washing, dressing, eating, etc.). However, certified caregivers have a State-level professional qualification and receive a higher salary than noncertified caregivers. The training offered by the State lasts 10 months and focuses on caring for patients in hospitals or any other nursing homes in general; it is not specific to the care to be given to older dependent patients.

3.3 | Data collection

One researcher conducted all 42 face-to-face semi-structured interviews between April and June 2019 in a private area or office in the workplace; their average duration was 1 hr. All participants signed a consent form after receiving information about the purpose of the study, the use and storage of data, and the anonymity of their answers. We used open questions to probe the participants' perceptions concerning absenteeism within their nursing home; examples include *'Does absenteeism appear a subject of concern in your organisation? Why? What are the impacts of absenteeism?'*. We recorded all interviews and transcribed them manually.

3.4 | Participants' profile

Table 1 shows that the sample was composed of 11 nurses (26%), 18 certified caregivers (43%) and 13 noncertified caregivers (31%). Nearly all the participants were women (95%), which is in keeping with the gender segregation found in care jobs. Their seniority within their institution varied from 'newly recruited' to 19 years of seniority; the average was 6.2 years. All participants received a fixed salary and various bonuses depending upon the nursing home (e.g. working on weekends, assiduity, supervision, profit-sharing plan).

3.5 | Data analysis

We used IRaMuTeQ, a textual data processing tool developed by Ratinaud and Marchand (2012). This software does not require researchers, as is the case with other text analysis software, to analyse the transcribed interviews, identify and code the dominant themes using an inductive process, and then refine the analysis using a deductive method based on the literature review. Instead, IRaMuTeQ provides three main lexical discourse statistical analysis methods to bring out the main themes of texts: analysis of specificities, factorial correspondence analysis and the ALCESTE method (Marghobi, 2019). In our study, we designed the textual semantic analysis to provide an answer to the following two questions: (a) Which discourse themes constitute the source of the nurses' and caregivers' statements regarding absenteeism? (b) Are these discourse themes regarding absenteeism associated with perceptions of limitations or barriers to the needs for autonomy, competence and relatedness that drive job attitudes and behaviours? This analysis method established categories that emerged from a descending hierarchical classification (Reinert, 1983) supplemented by a co-occurrence analysis of the verbatim statements that best characterize each category.

As indicated in Table 2, this classification identified four types of textual segments encompassing 81% of all parts examined, which is superior to the minimum quality standard of 60% (Pellissier, 2017): (a) short-term absences; (b) lack of competence; (c) lack of recognition; and (d) work overload. As this semantic analysis gives researchers all the excerpts of texts associated with these four themes, two members of the research team selected those that are more representative to illustrate each theme in the results section.

4 | RESULTS

Table 3 summarizes the participants' statements relating to the four thematic categories that emerge from their discourse and their perceived deficits or threats relating to three basic psychological needs.

4.1 | Thematic category 1: Short-term absences

Nearly half (41%) of participants condemn short-term absences during the week (21%) or over the weekend (20%). Short-term absences are so extensive that participants express feeling trapped in a vicious replacement circle. As three certified caregivers (9, 16, 10) put it, '*We are greatly impacted by last-minute absences, particularly the weekend ones; it's very difficult and recurring*'; '*Last minute absences*

TABLE 2 Statistics resulting from the lexicological analysis of participants' discourse

Number of …	
participants	42
discourse occurrences	18,413
forms	2,126
hapaxes	1,126 (53% of forms, 6.1% of occurrences)
Average No. of occurrences/discourse	438
% of categorized text segments	425/523 (81%)

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TABLE 3 How prevailing absenteeism threatens the satisfaction of the basic psychological needs of the research participants[a]?

	Need for autonomy	Need for competence	Need for relatedness
Short-term absences	• A feeling of not being in control of their work environment, workday and contributions • Not knowing whether they are going to work on their own or with substitutes • Having to slow down and spend time training the substitutes • Having to face work overload and to work fast because absents are not replaced or are late • Sometimes having to replace the substitutes for the absents • Threaten the sense of professionalism, values and work mastery	• Substitutes are recruited in a hurry, trained fast and left on their own • Supervisors absorbed in managing absences do not listen to complaints and do nothing to improve the situation • Undermining of individual and collective feelings of competence while being held accountable • A feeling of nonrecognition of their problems, competence or role	• Permanent nurses and caregivers are reluctant to train recruits and substitutes continually • They express resentment towards absent co-workers and call into question their commitment and competence • Absences require daily reorganisation at the expense of teamwork and patients • Relationships become complicated and imprinted with lack of trust • Stress leads to destructive attitudes among employees and with patients
Lack of training	• Recruits and substitutes … – do not receive training related to older patients given the resource constraints – are left to their own devices to carry out tasks for which they do not have the required knowledge	• The State certification programme does not train caregivers on the needs of older patients • Lack of training, monitoring and supervision brings many risks (e.g. abusive behaviours, lack of care)	• Absenteeism and lack of training damage the quality of interpersonal relationships • Permanent nurses and caregivers fear to deal with the problems generated by the lack of competence of recruits and substitutes • There is no time to get to know each other
Lack of recognition	• The imposed work hours thwart their autonomy needs and reduce their quality of life • Heavy workload reduces their autonomy in their professional and personal planning	• Feelings of a lack of recognition: salaries are not in keeping with their contribution • Feelings of iniquity: perceived undervaluation of their jobs, competence and needs	• Absenteeism spans relational problems: animosity and failing to trust the 'often absents' • Complaints about the absence of control of abusers or of rewards for those who do their job assiduously
Work overload	• Feelings of a lack of autonomy and exhaustion • Feelings that they cannot do otherwise than neglect some tasks and put pressure on the patients • The supervisory team and the support staff feel pressure to help	• Permanent nurses and caregivers do not have the time to train new employees and substitutes • Feelings of incompetence, of doing their job incorrectly • Supervisors fear being held accountable for others' mistakes • Nurses are afraid of losing their certification when they go beyond their purview to help	• Feelings of stress to have to work under pressure • Feelings of unhappiness to have to work with recruits and substitutes who slow them down or prevent them from doing their job • The quality of daily interpersonal relations is jeopardized

[a]Participants: nurses, certified and noncertified caregivers. In France, these two categories of caregivers act as nursing assistants.

are a catastrophe. Before, it happened during the summer, but now, it's all year round'; and *'We often have to replace the substitutes for the absent staff'*. These excessive short-term absences thwart, threaten or frustrate participants' psychological needs.

4.1.1 | *The threat to the need for autonomy*

In participants' eyes, unexpected absences lasting one or two days are worrying and difficult to manage because they are impossible to anticipate. These absences give them the feeling that they are not in control of their work environment, workday and work contributions. One nurse (36) declares, '*Recurring absenteeism has a significant impact on caregivers. They can no longer do their job as they want to, and that's very difficult'*. Permanent nurses and caregivers do not know with whom they are going to work or whether they will have to work on their own: '*It's always someone I do not know, from one day to the next'* (noncertified caregiver, 21); *'There's the fear that the absents will not be replaced'* (certified caregiver, 24). In such a situation, they no longer control their time since they have to slow down and spend time training the substitutes: '*There's always new substitutes. So we have to train them, and that takes time. Therefore, we have even less time [to do our job] because it takes a long time to train them well'* (certified caregiver, 23). Absences are frequently not replaced. Caregivers face work overload and have to work fast, which threatens their sense of professionalism, values, sense of security and work mastery. A noncertified caregiver (31) says, *'Absenteeism affects everyone. I don't have time to do all my activities. For instance, in April, I did not have time to weigh the patients'*. Similarly, a nurse (5) reports: '*During the week, there are*

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two of us [nurses]. Each one of us looks after two floors, with over 50 patients. Over the weekend, there's one nurse for over 70 patients. On your own, it's complicated, and it's intense. You don't need shit'. Such a feeling of lack of autonomy in having to do their job faster and less well reduces participants' work motivation and leads to exhaustion and the need to quit their job:

> In the morning, I wake up thinking, I hope everybody comes. I hope the girls want to go to work. Should I quit my job one day, it will be because of this type of exhaustion.
>
> (certified caregiver, 41)

> When you've got the whole corridor to do in the morning, and nobody comes to help, you see the clock ticking and all the remaining wash-and-dress. It's demotivating and exhausting.
>
> (noncertified caregiver, 27)

> There's a lot of absenteeism. It brings exhaustion because we have to replace each other. I think it may lead to depression. People leave because of this.
>
> (noncertified caregiver, 28)

4.1.2 | *The threat to the need for competence*

Participants complained that the recruitment of replacements for short-term absences is often done in a hurry. Like the recruits, the substitutes are trained on the job, fast and then left on their own. They do not know their job and their tasks, which undermines both the substitutes' and the permanent team members' feeling of competence. In short, neither the new employees nor the substitutes can acquire the necessary competence. One nurse (25) explains: *'The newbies are trained over one half-day, or they double up for one day. We can't blame them if they can't get to know their job. There's a good reason why the training of certified caregivers requires over 10 months'*. A certified caregiver (23) complains: *'When I arrived, I doubled up [accompanied a permanent member] for one day. Almost immediately, I was given full responsibility for the job, and I cried'*. In such a context, managers are absorbed in managing absences daily, and they do not have time to take staff complaints and suggestions into account. These factors fuel the participants' feeling of nonrecognition of their problems, competence or role. As one nurse (15) puts it, *'The value of caregivers needs to be recognized. When they are asked for their opinion, no one takes any notice of it, and when they report problems, nothing is done. You need everyone. Every position is important'*. The participants' feelings of lack of competence resulting from short-term absences reduce their work motivation and increase turnover and absenteeism. A certified caregiver (23) observes: *'For the new caregivers to be well trained, they need to double up for at least 15 days, and they should stay with me for at least two months. (…) As a result, the recruits leave and absenteeism increases'*.

4.1.3 | *The threat to the need for relatedness*

In the context of excessive short-term absences, social relationships become incredibly complex. Permanent nurses and caregivers are somewhat reluctant to be continually instructing and training recruits or substitutes. Participants may also express mistrust towards absent co-workers and call into question their commitment, competence or motivation. Two certified caregivers (4, 28) voice their resentment: *'When an absentee comes back to work, she gets flak because she is taking advantage of you. She's not trying. She couldn't care less about what happens when she's absent. It sickens me!'*; *'The other day, my coworker had to switch to another area to help another employee who was left alone because of someone's absence. This type of reorganization is always at the expense of the work team and the patients'*. All the difficulties related to personal relationships reduce work motivation. Substitutes do not want to come back to work in the place, and the permanent staff are exhausted and show destructive attitudes (e.g. aggressivity, stress, mistrust), or even quit. In the words of two caregivers (23, 4), *'At the moment, things are horrible. There are absents and a bad work atmosphere. The caregivers knife each other, and some eventually decide to leave'*; *'We're told there's no one to replace the absent ones quickly. So, I work all day all on my own. When I get back home, I start crying because I'm exhausted; it's too hard to be alone'*.

4.2 | Thematic category 2: Lack of training as a contextual factor

The linguistic analysis shows that 21% of participants' discourse regarding prevalent absenteeism concerns the lack of training for new employees or substitutes that thwarts their needs.

4.2.1 | *The threat to the need for autonomy*

New employees and substitutes, whose number is high because of the high attrition and absenteeism rates, do not receive the specific training related to older patients' care they need, given the resource constraints (i.e. time, money, staff). New caregivers are left to their own devices to carry out tasks for which they do not have the required know-how. Such a lack of competence threatens their feeling of doing their job correctly on their own. Even permanent employees suffer from not being able to train new staff and substitutes as they would like to. As one certified caregiver (23) puts it, *'To learn the trade, the new caregiver follows me for half a day, and then she's on her own. Ideally, I should have the time to train the substitutes, to show them the proper hygiene gestures, and all the rest of it'*.

4.2.2 | *The threat to the need for competence*

According to the caregivers, the general training they receive is not focused enough upon the specificities of work within a nursing home

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for dependent older adults and older patients' needs. A certified caregiver (33) deplores: '*The State needs to give people the resources to train caregivers in an EHPAD*'. The only way to be trained is to have already worked in a nursing home for dependent older adults, which is rarely the case with new hires. As a result, both the recruits and the substitutes do not possess the required competence to carry out their duties, often assigned in an emergency or a last-minute replacement. For example, they often do not know how to feed a person with swallowing problems. According to a nurse (25), '*The new employees receive training for 30 min. They don't learn anything. It's just not enough*'. Such lack of training brings many risks in terms of work behaviours and the quality of care given to patients. A certified caregiver (39) says, '*Training is necessary. They need to know what the work entails, and they need to be monitored and supervised. It's not enough to double up for one day. Without training, the substitutes can quickly become abusive*'.

4.2.3 | *The threat to the need for relatedness*

The lack of competence of the participants' co-workers, who are often too few because of a high absenteeism and turnover rate, inevitably damages interpersonal relationships. Permanent nurses and caregivers live continuously in the glare of having to intervene to solve problems caused by the lack of skills of the new colleagues or substitutes. In addition, people have no time to get to know each other outside their rare training sessions: '*Because of the lack of staff, I have no time for human relations. I miss that*' (noncertified caregiver, 28).

4.3 | Thematic category 3: Lack of recognition

The linguistic analysis shows that 21% of participants' discourse focuses on their lack of recognition. They complain about their salary, which is too low compared to their work demands, particularly in terms of work schedule, responsibilities and workload. Because their work's value is not recognized, they voice the resulting threats to their needs.

4.3.1 | *The threat to the need for autonomy*

The participants explained that the imposed work hours thwart their autonomy needs. They believe their quality of life is affected by having to work every second weekend: '*On top of everything else, we have to work every second weekend!*' (noncertified caregiver, 21). Their heavy workload reduces their autonomy in balancing their professional life and their personal life: '*It's complicated to organize our personal life. The work schedules are crappy, and we've got to work every second weekend*' (nurse, 22).

4.3.2 | *The threat to the need for competence*

Many participants perceive inequity between their salaries and their contributions (efforts, workload, etc.). Many caregivers interpret this injustice as an undervaluation of their jobs in particular. A certified caregiver (8) says, '*Our salary is too low in terms of our workload. They need to value our jobs better*'. Two noncertified caregivers (16, 21) note: '*They should increase our salary and give more value to our job*'; '*It's necessary to increase salaries and reduce the workload*'. Such lack of recognition and rewards fuels intentions to quit and actual resignations, even among employees who like their jobs: '*People leave because of the workload and the salary! In one year, we had 11 resignations*' (noncertified caregiver, 20); '*Even if they like the job, some employees leave because of the salary that is not motivating*' (nurse, 25).

4.3.3 | *The threat to the need for relatedness*

Participants' discourse on the lack of recognition also contains comments on the absentees. They perceive them as often the same people who abuse the system and put them in an awkward position: '*There's excessive absenteeism, and it's always the same people*' (certified caregiver, 34). Those who are always present do not trust the 'often absent' ones. For them, the fact that nobody stops these system abusers indicates the lack of recognition of those who do their job assiduously: '*In terms of mentality and relationships, this is sheer childishness. I am just exhausted.*' (noncertified caregiver, 21). A nurse (17) even recommends rewarding those who are assiduous: '*It's scandalous to reach this stage, but ultimately, the best way to keep people at work would be to reward those who are at work! I hate to have to say it, but it's the reality*'.

4.4 | Thematic category 4: Work overload

When asked about the prevalent absenteeism in their workplace, 17% of the participants' comments concern the work overload that threatens the satisfaction of their needs.

4.4.1 | *The threat to the need for autonomy*

Work overload leads nurses and caregivers to feel they are not in control of their work. Having too little time to carry out their duties may force them to neglect specific tasks and put pressure on the patients. A noncertified caregiver (19) deplores it: '*Depending on the person who is working with us, we don't know how the day is going to unfold. It's exhausting to be all on one's own to do things. You've got to rush the patients to get the job done*'. In such a context, pressure is also put on the supervisory team to help the caregivers:

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'Even the clinical psychologist can't do her job because of absences. Poor her, she's got to help us with washing and dressing patients and snack time!' (noncertified caregiver, 28). Many participants express the need for a reorganisation of their jobs and staff planning: *'The work organization should be revised entirely. At snack time, there are three of us for 95 patients. In the morning, we're sometimes on our own for a dozen wash-and-dress'* (noncertified caregiver, 27); and *'We need one girl to come for at least two hours in the morning to do activities with the patients after their wash-and-dress because they are more amenable at that time of the day. So we can get some rest, we need one extra girl for one hour to help three patients with washing and dressing'* (certified caregiver, 2).

4.4.2 | *The threat to the need for competence*

The work overload situation does not enable nurses and caregivers to give or receive training. Permanent ones do not have the time to train new staff and substitutes. Without the necessary know-how, they do not feel they are doing their job correctly: *'When I arrived, I needed more technical skills. What I feared most was not knowing the patients. I did not know how to help them move, how to wash and dress them'* (noncertified caregiver, 28); *'Among the substitutes, there are good ones. But they are soon fed up because they are left on their own too quickly, and therefore they've got problems. They don't come back'* (nurse, 22). Fear may also set in for participants who do not want to be accountable for others' mistakes in such a chaotic situation: *'The nurses are afraid they're going to lose their nursing licence because they may have to do things they should not do because of the lack of staff and time'* (certified caregiver, 18).

4.4.3 | *The threat to the need for relatedness*

Work overload creates pressure on interpersonal relations. Daily, people are unhappy that they have to work under pressure and/or with new recruits who slow them down or prevent them from doing their job: *'It's a complete mess. The girls are called at 7 a.m. to start work at 7.30. For one hour, you are left on your own, and then you have to work with someone who doesn't know what to do'* (noncertified caregiver, 21). The quality of interpersonal relations is jeopardized even before the workday has begun: *'I was on my own in the morning, and I had to do 18 wash-and-dress because my coworker told us at 7 a.m. that she wasn't coming at 7.30'* (certified caregiver, 4). In such a working climate, it is not surprising that employees decide to resign: *'People leave because of the lack of time to do their job. You have to like this job to work in such conditions'* (certified caregiver, 39).

5 | DISCUSSION

In response to calls from Deci et al. (2017) and DeCooman et al. (2013), the study investigates the relevance of the concepts used in SDT in the workplace to explore how prevalent absenteeism in nursing homes may influence the threats or frustrations regarding the nurses' and nursing assistants' basic psychological needs for autonomy, competence and relatedness. The semantic analysis of the participants' discourse shows their comments may be grouped into four main thematic categories: (a) short-term absences; (b) lack of training; (c) lack of recognition; and (d) work overload. Our participants' comments show many links between these four factors related to ambient absenteeism and their perceived deficits or threats related to three basic psychological needs: autonomy, competence and relatedness.

First, the participants explain how their **autonomy** at work is constrained daily by various factors. The imposed working hours constrain participants' quality of life. The unpredictable and continuous frequent short-term absences mean that they never know with whom and with how many people they will work on any given day. Ad hoc absences also reduce their control over their work as they have to train and work with replacements (if any) who too often arrive late because they are called at the last minute. This context of chronic absences and lateness leads to work overload that threatens their ability to do their job with professionalism. The heavy workload induces them to neglect or not perform specific tasks and to put pressure on patients. Even the supervisory team members and professionals feel the pressure to lend them a hand. New colleagues and replacements are particularly concerned because they are left to their own devices without being trained. Our participants' speech is in line with prior studies conducted in the health care sector showing that excessive absenteeism and the stress and overload it imposes on employees present at work (Rauhala et al., 2007) lead to exhaustion and burnout, which increases turnover (Leiter & Maslach, 2009).

Second, the participants in our study express in various ways how their need for **competence** is being undermined. Substitutes are rapidly left to their own devices without enough coaching and supervision. The training programme the certified caregivers (one of the two types of nursing assistants in France) receive does not prepare them to care for dependent older people, and there are insufficient resources to remedy the situation. There is a shared feeling of incompetence at the individual and collective levels, while at the same time, participants feel that they are being held accountable for their actions. Supervisors are afraid of being held accountable for staff mistakes, and nurses are scared of losing their licence because they perform tasks outside their purview. Managers, absorbed in the search for replacements, do not have the time to listen to nurses and nursing assistants (in our study, certified caregivers and noncertified caregivers) and heed their suggestions, thus fuelling the idea that they are being ignored as workers. Their low wages also fuel the feeling of lack of recognition of their competence and their job's value.

Third, the participants explain that their **relatedness** needs are being undermined as the context leaves no time for interpersonal relations. Understaffing, overload and pressure cause tension between team members who are continually changing. The permanent

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nurses and nursing assistants are reluctant to train new employees and replacements who force them to slow down or prevent them from doing their jobs. Those who are more diligent at work come to express animosity towards others who are often absent and who, in their view, 'abuse the system'. As many replacements lack skills, a climate of mistrust and fear grows among regular nurses and nursing assistants who fear having to endure or be held accountable for their mistakes. Our participants' comments are congruent with another study showing that lack of cohesiveness within a team is positively related to short-term absenteeism in nursing homes (Sanders, 2004).

Consequently, our study findings contribute to the development of SDT (Deci et al., 2017; DeCooman et al., 2013) by demonstrating how the prevalent short-term absenteeism frustrates nurses' and nursing assistants' three psychological needs. Ours findings are consistent with Walker and Bamford's (2011) study showing that managers are ineffective in handling the health sector absenteeism. The high level of absenteeism generates a vicious circle leading to even more absenteeism, physical and mental health problems (e.g. exhaustion), various negative behaviours (e.g. conflicts, lack of collaboration, mistrust) and considerable difficulties in attracting and retaining nurses and nursing assistants. Smokrović et al. (2019) confirm that nurses' job dissatisfaction, combined with a high absenteeism rate, represents a clear indication of future turnover. It seems that frustrating one need influences another need. Such a spillover impact should be taken seriously as prior research in the health care sector and nursing homes indicates that it might foster a hostile workplace climate (Créoff, 2000; Kalisch, 2006) where subtle forms of everyday abuse (e.g. incivility, disrespect, lack of regard, indifference, neglect) and risks of violence (e.g. hitting, assaulting) are high. All these behaviours have a cumulative detrimental impact on patients' care, health and mortality rate (Duclay et al., 2015; Lalonde & Roux-Dufort, 2012; Unruh et al., 2007).

6 | IMPLICATIONS FOR MANAGEMENT

The complex nature of absenteeism requires its management to be addressed from both an individual and a managerial standpoint. Our study results confirm the need to address the following interrelated issues through various managerial actions.

6.1 | Controlling short-term absences

Top managers and supervisors need to prevent and control absenteeism in various ways to avoid or eliminate what could be perceived as a social norm or a culture of absence (Gellatly, 1995; Martocchio, 1994). The cultural norms of short-term absences require intervention at the structural level of the work organisation and human resource policies (e.g. salaries, work schedules, working conditions). In their study conducted with frontline health care staff, Gohar et al. (2020) find that work support and timely debriefing could reduce sickness absence. Duncombe (2019) shows that management might consider the following actions to reduce absenteeism: (a) scheduling practices (honouring requests, rotating floated staff, sensitivity to staff needs, more weekends off), (b) incentives (compensation, awards, stress days), (c) proper staffing (ward with sufficient staff or better coverage), (d) communication (talking to staff, individual session with absents), and (e) penalties (for those abusing sick leave).

6.2 | Giving the required training

There is a need to know how to ensure effective and efficient learning and development of nurses and nursing assistants (or caregivers). Goller et al. (2019) have found that novice caregivers learn almost exclusively through observation, imitation and explanations of more experienced nurses or caregivers. The typical learning trajectory of caregivers needs to be structured in such a way that they start to care for patients described as 'simple' and progressively proceed to take care of more 'difficult' ones. Such a trajectory minimizes the consequences of potential errors and attempts to avoid discouragement that leads to early dropout and turnover. The authors also show that strong learning potential is likely to occur in more formalized discussion opportunities where the collective experience with patients is discussed. Similarly, White et al. (2020) report that nursing home management should consider engaging caregivers (nursing assistants) in shared decision-making, fostering strong nurse leaders, maintaining evidence-based care standards and active quality assurance programmes, providing opportunities for advancement and professional growth, and supporting interdisciplinary teamwork.

6.3 | Increasing recognition

For some participants, the various negative aspects of their working conditions contribute to confirm the message that they perform 'dirty work' (Ashforth & Kreiner, 1999). Bentein et al. (2017) have found that employees working in health and social services and in home care services use occupational disidentification to cope with their jobs' perceived low prestige. However, this strategy leads to increased emotional exhaustion, and they are more likely to quit. Boudrias et al. (2020) stress the importance of managerial support through a series of critical management practices that can foster nurses' perceptions of competence (e.g. providing frequent positive feedback) and autonomy (e.g. providing meaningful information regarding their work).

6.4 | Reducing work overload

In nursing homes for older adults, the needs of patients with fragile health require establishing a close bond between them and their

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nurses and caregivers over the long term. Gillet et al. (2020) find that health care organisations may increase employees' likelihood of displaying more desirable and self-determined motivational profiles by decreasing employees' workload, making it more manageable and improving co-worker support.

6.5 | Limitations and future research

This study is not without some limitations. Because of its focus upon excessive absenteeism, our research minimizes individual factors and the specific characteristics of nurses' and nursing assistants' relationships with patients and their families that may also help account for short-term absences and over which employers have little control. Furthermore, the study participants talked about the adverse or negative effects of short-term absences, often attributed to 'abusers'. However, we now know the 'dark side' of employees' work engagement (Bakker et al., 2011). The most highly committed employees may face such high job demands from their supervisors and colleagues that, paradoxically, they are motivated to withdraw from the workplace (De Lange et al., 2003). According to the *conservation of resources theory* (Hobfoll, 1989), the act of taking time off to regain energy and to take some distance from one's work corresponds to a type of resource that allows individuals to better deal with work stressors. Future research could also further compare nurses' and nursing assistants' presenteeism (Dhaini et al., 2016) and absenteeism. Researchers should also use a quantitative research design to investigate how prevalent absenteeism may influence nurses' and nursing assistants' basic psychological needs.

7 | CONCLUSION

Based on self-determination theory, this study has explored how the prevailing absenteeism in nursing homes for older dependent patients may frustrate or thwart nurses' and nursing assistants' basic psychological needs for autonomy, competence and relatedness. The participants' discourse reveals four thematic categories—short-term absences, lack of competence, lack of recognition and work overload—that are all linked to perceived deficits or threats with their needs. Management practices that strengthen job autonomy, social support and competence are often overlooked but relatively straightforward—and they provide a payoff to nurses and nursing assistants, nursing homes and patients alike.

CONFLICT OF INTEREST

All authors declare that there is no conflict of interest.

ETHICAL APPROVAL

This study is approved by The LISST laboratory and the Occitan region and ENSFEA (University of Toulouse).

DATA AVAILABILITY STATEMENT

Data is available on request.

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