

Managing Absenteeism By Applying Maslow's Hierarchy Of Need Theory: A Quality Improvement Project.

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Abstract

Background: Staff well-being and attendance are crucial factors in maintaining a high-quality healthcare system. The present study aimed to address these aspects by implementing targeted interventions based on Maslow's Hierarchy of Needs in selected hospital units.

Local problem: Initial data revealed elevated absenteeism rates and high sick leave numbers, indicating the need for an improvement project to enhance staff satisfaction and attendance.

Methods: A quality improvement project (QIP) was carried out using various strategies to address staff well-being and satisfaction in relation to Maslow's Hierarchy of Needs.

Interventions: A comprehensive action plan was devised to address physiological, safety, love and belonging, esteem, and self-actualization needs. Interventions included proper delegation of tasks, recognizing staff achievements, and promoting teamwork.

Results: The study observed a significant reduction in the absenteeism rate and instances of sick leave from October to December 2022. A notable decrease of 17.3% was observed in both absenteeism and sick leave rates. The execution of a meticulous action plan during these three months played a key role in achieving these results. Various tasks were assigned to team members, with most demonstrating positive progress, and some reaching a 100% completion rate. However, certain tasks still require further attention. Nevertheless, the QIP demonstrates the effectiveness of the implemented interventions in enhancing staff satisfaction and attendance, as it successfully led to a decrease in absenteeism rates and instances of both legally and illegally claimed sick leave.

Conclusion: This QIP highlights the significance of addressing staff well-being and attendance issues in healthcare settings. The employment of a well-designed intervention plan, healthcare organizations can create a more efficient and effective healthcare system, ultimately benefiting both employees and patients.

Keywords: Staff well-being, Maslow's Hierarchy of Needs, healthcare, quality improvement, absenteeism, sick leave, employee satisfaction, attendance, and nurses.

Date of Submission: 01-08-2023

Date of Acceptance: 10-08-2023

I. Background

Staff absenteeism has emerged as a significant issue affecting organizations and employers in recent years, with detrimental consequences on both financial performance and overall staff productivity. In the complex and demanding healthcare sector, the phenomenon of absenteeism is particularly prominent (Belita, et al., 2013). Effective functioning of health services necessitates the efficient division of tasks within a hierarchical structure, predicated on adherence to routines and compliance with established norms and regulations (Gaudine, et al., 2011). The inherently chaotic and unpredictable nature of emergency departments (EDs) demands that nursing leaders retain skilled and competent nursing staff to ensure successful departmental operations (Staempfli & Lamarche, 2020).

Absenteeism serves as an important metric for evaluating health-system performance and provides a useful means of assessing the psychological and physical well-being of healthcare workers (HCWs) (Daouk-Öyry et al., 2014). By adopting appropriate strategies and implementing effective health and wellness initiatives, organizations can reduce absenteeism and facilitate employees' continued attendance at work (Burton, 2010).

Maslow's Hierarchy of Needs theory has been extensively studied and applied across various disciplines, including social sciences, psychology, sociology, and education, as a model for understanding individual needs and employee motivation (Benson & Dundis, 2003). Although the theory has been subject to empirical testing and criticism, it remains highly influential and is regarded as the most renowned attempt to elucidate the mechanisms driving human motivation (Alderfer, 1969).

Absenteeism among nurses, which occurs either intentionally or unintentionally, arises from a multitude of factors and can disrupt an organization's daily operations. To address this phenomenon, it is essential to examine the factors contributing to absenteeism, which can be broadly categorized into personal factors, workplace factors, and organizational factors (Awad, et al., 2021). Investigating these factors is crucial, as absenteeism imposes a

considerable financial burden on nursing departments and directly impacts a healthcare organization's ability to successfully manage their ED (Staempfli & Lamarche, 2020).

In this study, we aim to apply Maslow's Hierarchy of Needs theory to manage absenteeism among nursing staff in ED by examining and addressing the following factors:

- 1. Personal factors:** These factors encompass individual characteristics such as physical and mental health, personal life circumstances, and job satisfaction, which may influence a nurse's likelihood of being absent from work.
- 2. Workplace factors:** Factors inherent to the work environment, including workload, staffing levels, job design, and workplace culture and environment, can impact absenteeism rates among nursing staff.
- 3. Organizational factors:** The policies and procedures, and management practices of an organization can also contribute to absenteeism, with issues such as compensation, benefits, scheduling, and leadership style which play crucial roles.

By understanding and addressing these factors in the context of Maslow's Hierarchy of Needs theory, we aim to develop a comprehensive approach to managing absenteeism and improving the overall performance and well-being of nursing staff in healthcare organizations.

II. Problem Description

Absenteeism poses significant challenges in healthcare settings, as it disrupts established work routines and places additional burdens on nurses providing care. The resulting domino effect can contribute to the development of burnout among nursing staff (King et al., 2020). According to This abbreviation not mentioned previously

NHS Sickness Absence rates in September 2021, the overall sickness absence rate for England was 5.4%, marking an increase in August 2021 (5.1%) and September 2020 (4.2%) (NHS Sickness Absence Rates, 2021).

In our hospital, we have observed a concerning increase in the number of absent staff members over the past two years. It becomes imperative to not only acknowledge the growing issue of absenteeism but also to seek effective methods for addressing and managing it.

The environment selected for the Quality Improvement (QI) project implementation is the ED at East Jeddah Hospital (EJH) in the Makkah region. The department's team is composed of 112 employees, including a manager, team leader, registered nurses, and nursing assistants. The staff is diverse in terms of age, background, race, and ethnicity, with the majority being female (n = 90).

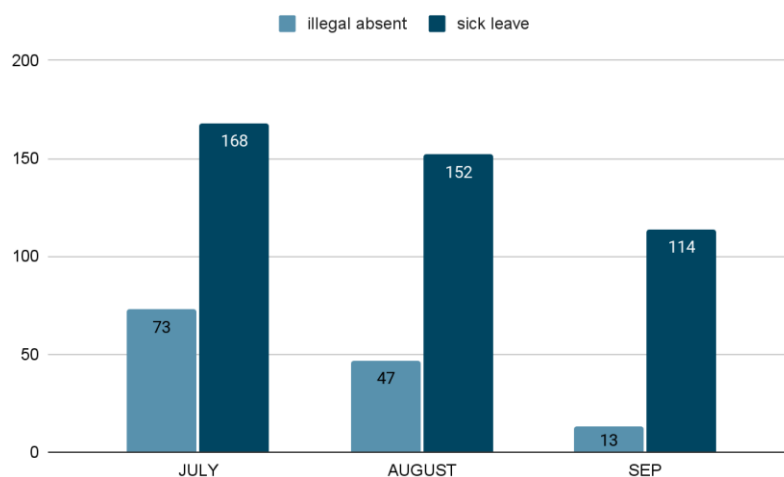


Figure 1. Nursing illegal absent and Sick Leave in the ED for the Third Quarter of 2022

An analysis of the data from the third quarter (July - September) of 2022 revealed a total of 567 instances of absenteeism (Figure 1). This trend underscores the need to identify the underlying causes of absenteeism and develop effective strategies for managing this issue, with the ultimate aim of improving staff well-being and overall performance in the healthcare setting.

In order to identify the primary causes of absenteeism, the team employed a cause-and-effect diagram (Figure 2). The main contributing factors that identified were include; staff shortages leading to extra time off not being granted, excessive workload, insufficient time allocated for staff breaks, the absence of a clear communication system, a lack of opportunities for career development, and inadequate engagement of frontline

staff in decision-making processes. Given the persistence of these issues and the potential for ongoing risks if left unaddressed, the implementation of this project serves as an appropriate and necessary response to mitigate the problem and improve overall staff well-being and performance.

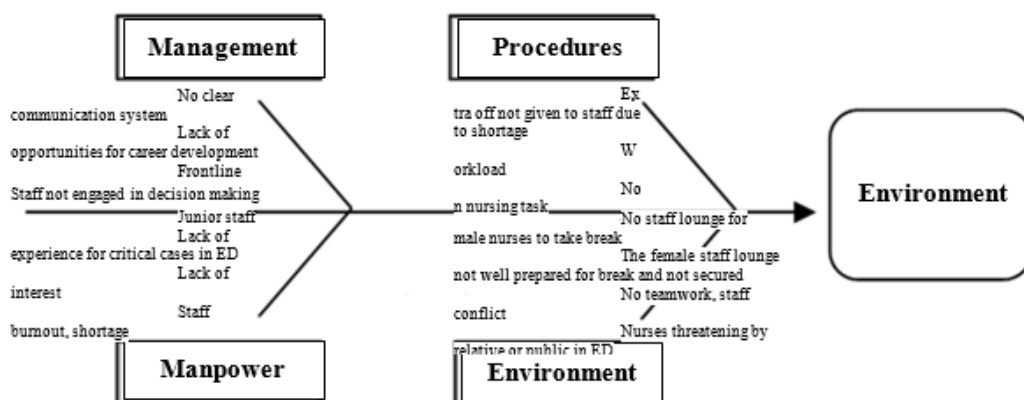


Figure 2. Fishbone Diagram Employed to Obtain Comprehensive Information on Potential Reasons and Identify Root Cause Analysis for Absenteeism in the ED

Operational Definitions

Within the context of the current study, the researcher adopted the following terminologies.

1. **Absenteeism:** Absenteeism is the habitual pattern of absence from the workplace, school, or any other setting where an individual is expected to be present. In a workplace setting, it often refers to unscheduled absences that disrupt normal work operations and productivity. It includes instances where employees do not report to work as scheduled, whether due to authorized (legal) sick leave or unauthorized (illegal) absences.
2. **Sick Leave:** Sick leave refers to the time off granted to employees when they are unable to perform their work duties due to illness, injury, or other medical issues. It's a policy that supports employee health by providing them the necessary time to recover without losing their income during their absence.
3. **Maslow's Hierarchy of Need Theory:** Maslow's Hierarchy of Needs Theory is a psychological framework suggesting that individuals are motivated by a series of hierarchical needs. Starting from the base, these are physiological needs, safety needs, love and belongingness needs, esteem needs, and self-actualization needs. It's often used in management to understand employee motivation and how fulfilling these different levels of needs can contribute to their performance, job satisfaction, and in context, their attendance.
4. **Emergency Department:** The ED is a special unit within a hospital or healthcare facility where acute, urgent medical care is provided. It's designed to handle injuries and illnesses that require immediate medical attention. The frequency of visits to the ED by employees could be a factor considered in the broader picture of absenteeism, particularly when discussing sick leaves.
5. **Illegal Absence:** Illegal absence, often termed as unauthorized or unexcused absence, refers to situations when an employee is absent from work without a valid reason, prior notice, or approval from their supervisor or manager. It is considered a violation of the organization's policies and may have consequences, such as disciplinary action or even termination.

Available Knowledge and Rationale

In 2022, data revealed a noticeable increase in nurse absenteeism, highlighting the need for targeted intervention. As a response to this pressing issue, the Nursing Quality Department within the Nursing Administration initiated a project specifically aimed at managing absenteeism within the ED. The proposed project was submitted to the Improvement Projects Department using the Performance Improvement (PI) Project Approval Form. This QIP underscores the growing concern surrounding nurse absenteeism in the ED and seeks to address this issue effectively. A key aspect of the project is to support nursing leaders in their efforts to engage staff nurses, with the ultimate goal of reducing absenteeism based on evidence-based practices. Consequently, the primary objective of this project is to manage absenteeism through the application of Maslow's Hierarchy of Needs theory, which will provide a framework for understanding and addressing the underlying factors contributing to this pervasive problem. By implementing this approach, the project aims to create a more supportive work environment, improve staff well-being, and ultimately enhance the overall performance of the nursing staff in the ED.

Objective of the Study

The primary objective of this study is to reduce absenteeism and sick leave rate by 15% (85 instances) compared to the third quarter of 2022. This will be achieved by employing employee engagement strategies derived from Maslow's Hierarchy of Needs over a three-month timeframe from October to December, 2022.

III. Methods

Context

EJH is a 300-bed capacity facility under the Ministry of Health, offering a comprehensive range of medical and surgical services. The hospital is equipped with a state-of-the-art laboratory, trauma center, and outpatient clinics catering to the needs of the North Jeddah community. EJH adheres to multidisciplinary teamwork and flexibility principles to ensure the highest standards of patient care and safety. The current project was conducted in the ED in 2022.

Theoretical Framework

The theoretical framework for this study is based on Maslow's Hierarchy of Needs theory, which postulates that human motivation is driven by the fulfillment of a series of needs ranging from basic physiological requirements to higher-level psychological needs (Maslow, 1943). By understanding and addressing these needs within the workplace, healthcare leaders can create an environment that fosters employee engagement and satisfaction, ultimately reducing absenteeism and improving overall performance.

Maslow's Hierarchy of Needs consists of five levels: physiological, safety, social, esteem, and self-actualization needs. In relation to nursing, catering to physiological needs entails ensuring a comfortable workspace, inclusive of sufficient rest periods, reasonable work assignments, and availability of required materials (Henderson, 2017). Guaranteeing the fulfillment of safety needs necessitates the establishment of a secure work environment where employees perceive both physical and emotional safety. This is further bolstered by the implementation of rules and protocols aimed at shielding them from any potential damage (Al-Hussami et al., 2021).

The fulfillment of social needs encompasses promoting a sense of belonging and camaraderie among employees through team-building activities, open communication, and fostering a supportive culture (McCarthy et al., 2018). Esteem needs, on the other hand, involve recognizing and acknowledging the accomplishments and contributions of employees, providing opportunities for career development and growth, and empowering them to take on leadership roles (Laschinger et al., 2019).

Lastly, self-actualization needs encompass supporting employees in realizing their full potential by encouraging continuous learning, professional development, and opportunities for personal growth (Toode et al., 2021). By addressing these needs, the study aims to create a more supportive and fulfilling work environment that encourages employee engagement, thereby reducing absenteeism in the ED.

The application of Maslow's Hierarchy of Needs theory in this study serves as a foundation for understanding and addressing the factors that contribute to absenteeism among nursing staff. By employing evidence-based strategies derived from this framework, the project aims to enhance employee engagement and satisfaction, ultimately improving staff well-being and overall performance in the ED.

QI Tools:

FOCUS

The FOCUS method was used to identify the sources of the problem and define improvement opportunities, the FOCUS method was used, it included the following steps:

Find

In 2022, the improvement team assessed the current situation in the ED regarding illegal absenteeism and sick leaves. The highest number of absences and sick leaves was observed in July (Figure 1).

Organize

The team members for the QI project (QIP), organized for the project implementation, included the nursing quality team, the ED head nurse, and the ED clinical instructor.

Clarify

A flowchart was designed to understand the processes related to illegal absenteeism and reported sick leaves in EJH, as shown in Figure 3. Workflow can be characterized as a series of tasks systematically arranged in chronological order within specific processes, accompanied by the required personnel or resources, which are essential to achieve the intended objective (Khayyat et al., 2023).

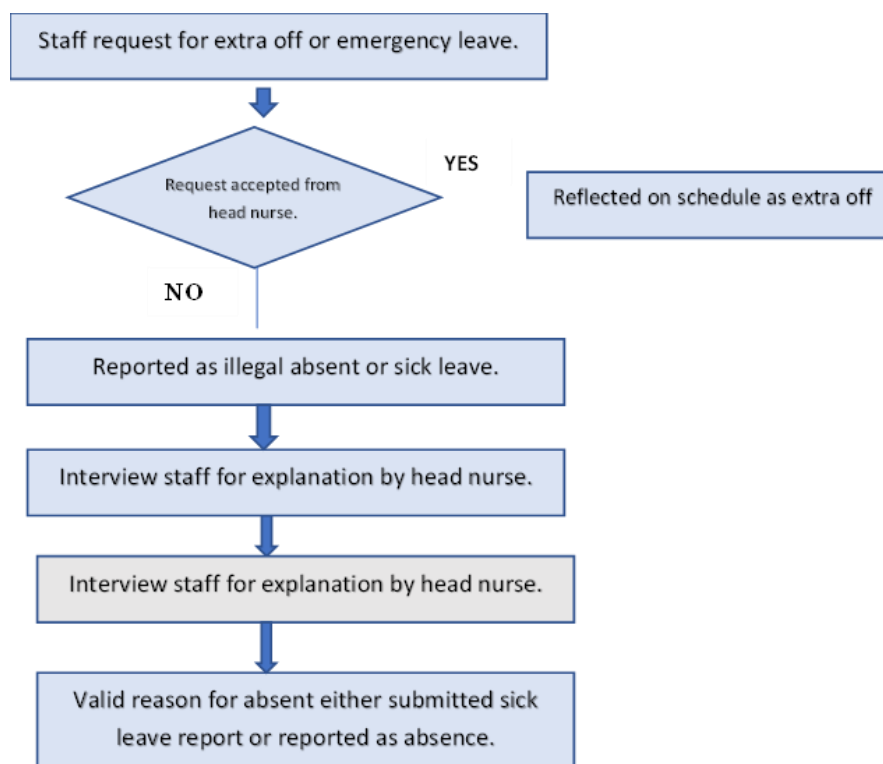


Figure 3. Extra off or Emergency Leave Request Workflow

Understand

A fishbone diagram was used to obtain clear and comprehensive information regarding potential reasons and to recognize the root cause analysis for absenteeism in the ED (figure 2).

Select

The main causes detected from the analyzed fishbone diagram were:

- Extra off not given to staff due to shortage
- Workload
- No time for staff breaks
- Unclear communication system
- Lack of opportunities for career development
- Frontline staff not engaged in decision-making

Based on the findings from the fishbone diagram, the improvement team prioritized the causes and developed a plan to address each of these issues. Strategies to address workload, communication, career development, and staff engagement were incorporated into the QIP. By tackling these root causes, the project aimed to reduce absenteeism in the ED by 15% over a 3-month timeframe (October to December 2022). The project's success would be measured through a comparison of absenteeism rates before and after the implementation of the improvement strategies.

PDCA

To achieve systematic QI, the PDCA (Plan-Do-Check-Act) model was employed. Also known as the Deming Cycle, the PDCA model allows organizations to ensure that their processes are adequately resourced and managed and that opportunities for improvement are determined (Habibie & Kresiani, 2019).

Plan

The improvement team identified the main causes of absenteeism in the ED and devised an action plan to address these issues (Table 1). The plan included actions targeting self-actualization, esteem, love and

belonging, safety, and physiological needs of the staff. Priority actions were selected based on their expected impact and cost. The team also developed a prioritization matrix to monitor the implementation of these actions.

Table 1. Project Action Plan

Improvement Plan			
#	Action	Impact	Cost
	Self-actualization		
1	The head nurse provides the support for the staff to participate in leadership program, career development program, nursing advisory committee, and general nursing orientation program	High	Low
	Esteem		
2	Empower the staff by proper delegation of task according to the qualification for example: charge nurse role	High	Low
4	The head nurse sends personalized notes of recognition, and delivers gifts to employees for providing care beyond expectations.	High	Low
5	Create a "Shout-Out Board" for the staff to encourage each other, and send thank you notes or congratulations for accomplishments.	High	Low
	Love and Belonging		
6	To celebrate special events inside the department for example: celebrate staff birthday, celebrate for getting married or engaged, and celebrate for having a baby	High	Low
7	To enhance the team work environment by doing ice break activities such as gathering y breakfast or delivery lunch meals	High	High
8	Monthly appreciation and recognition in the monthly meeting by nursing administration	High	Low
	Safety		
9	Implement awareness and support for the just culture	High	Low
10	Educate the staff about how to deal with violence and conflict, and effective communication skills.	High	Low
11	Initiate special email by head nurse to facilitate communication between staff and head nurse to talk about their frustrations after completing a difficult shift.	High	Low
12	Initiate special email by nursing administration to facilitate communication between staff and high level management to talk about their concerns.	High	Low
13	Established check-in round by head nurse and charge nurses during the shift	High	Low
14	Established check-in interviews by clinical assistant or area managers with any employee in the unit.	High	Low
	Physiological Needs Task		
15	Renovation of nurses' restroom and bathroom	High	High
16	Request lock to secure the ED nurses' restroom in the hallway	High	Low
17	Raise request regarding the need for male nurses' restroom	High	Low
18	make sure staff take a break during the shifts by CNs during the check-in round	High	Low
19	Request and to check the availability of the refreshments during the shift in the department	High	Low
20	Staff to take their own extra off and to create an advance schedule for requesting	High	Low

Do

The improvement project was carried out from October to December 2022. The team implemented various actions, such as providing support for staff participation in leadership programs, empowering staff through proper delegation of tasks, enhancing teamwork environment, and renovating nurses' restrooms. The progress of each action was regularly monitored and documented.

Ethical Consideration

This project was designed as a QIP and was approved by the improvement project department in EJH. As it did not involve human subjects research, approval from the Research Review Board was not required. Confidentiality was maintained throughout the project.

IV. Results

Pre-intervention

This initial phase of the study spanned over a period of three months (July, August, and September) and was conducted without any intervention. During this phase, there were a total of 434 instances of illegal absence, and 133 instances of sick leaves (Figure 1).

Post - intervention:

The sick leave rate showed a significant decrease from October to December 2022. In October 2022, the rate was 156, which then dropped to 149 in November 2022, representing a roughly 4.49% decrease. The rate continued to decline in December 2022, reaching 98, which is an impressive 34.23% decrease (Figure 4).

The decrease in the sick leave rate can be attributed to the implemented action plan that aimed to address staff needs and improve the work environment. By focusing on self-actualization, esteem, love and belonging, safety, physiological needs, and quality, the action plan targeted various aspects of staff well-being, enhancing their overall satisfaction and commitment to their work.

A similar trend was observed in illegal absences, with the numbers decreasing progressively over the three months. The total illegal absences decreased from 133 to 66.

Addressing staff needs, promoting a supportive work environment, and ensuring proper communication and training enables the action plan to contribute to improving staff health and well-being. Moreover, the decrease in Sick Leave instances could reflect the action plan's success in creating a more supportive work environment where staff feel comfortable discussing their frustrations and seeking help when needed.

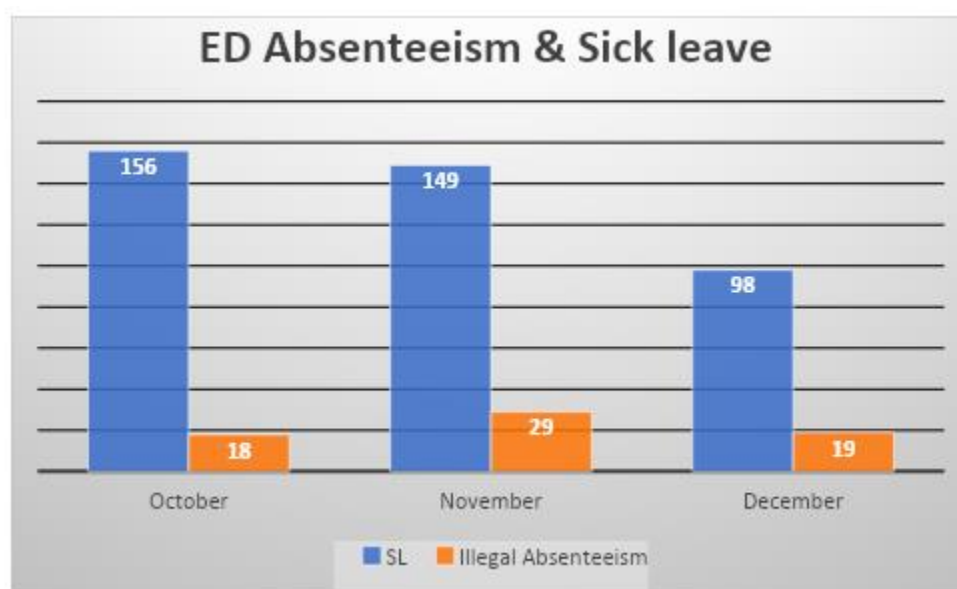


Figure 4 Decrease in the absenteeism and sick leave rates during the project implementation

The action plan was executed over the three-month period, focusing on various tasks and responsibilities assigned to different team members using the Maslow's Hierarchy of Needs. The progress percentages for each task showed positive results, with some tasks achieving a 100% completion rate. However, some tasks required further attention, with progress percentages ranging between 70% and 80% (Table 2).

Following the implementation of the intervention, there was a notable decrease in the absenteeism and sick leave rates by 17.3%.

Table 2. The Action Plan

Task	Responsible	Start Date	End Date	Progress %	Notes/Challenges
Self-actualization					
The head nurse provides the support for the staff to participate in leadership program, career development program, committees, and GNOP	HN	1-Oct-2022	31-Dec-2022	80.0 %	Encourage more staff to participate in committees, GNOP as speakers, leadership programs and career development programe
Esteem					

Empower the staff by proper delegation of task according to the qualification		HN	1-Oct-2022	31-Dec-2022	100.0 %	
The head nurse sends personalized notes of recognition, and delivers gifts to employees for providing care beyond expectations.		HN	1-Oct-2022	31-Dec-2022	100.0 %	
Create a "Shout-Out Board" for the staff to encourage each other, and send thank you notes or congratulations for accomplishments.		HN CN	1-Oct-2022	31-Dec-2022	100.0 %	
Love and Belonging						
To celebrate special events inside the department for example: celebrate staff birthday, celebrate for getting married or engaged, and celebrate for having a baby		HN CN	1-Oct-2022	31-Dec-2022	70.0 %	Update staff data to ensure tracking for special events
To enhance the team work environment by doing ice break activities		HN	1-Oct-2022	31-Dec-2022	0.0%	
Monthly appreciation and recognition in the monthly meeting by the head nurse and the clinical assistant		HN Clinical assistant	1-Oct-2022	31-Dec-2022	70.0 %	
Safety						
Implement awareness and support for the just culture		Ms. Areej	1-Oct-2022	31-Dec-2022	100.0 %	
Educate the staff about how to deal with violence and conflict, and effective communication skills.		Munirah Ali Abdulaziz Almasoud	1-Oct-2022	31-Dec-2022	100.0 %	
facilitate communication between staff and head nurse to talk about their frustrations after completing a difficult shift.		HN	1-Oct-2022	31-Dec-2022	100.0 %	Daily huddle should be implemented for all areas in ED
Established check-in round by head nurse and charge nurses during the shift		HN CN	1-Oct-2022	31-Dec-2022	100.0 %	include staff check in round on ED census sheet to ensure continuity of the action
Established check-in interviews by clinical assistant or area managers with any employee in the unit.		Clinical assistant	1-Oct-2022	31-Dec-2022	0.0%	
Physiological Needs Task						
Renovation of nurses' restroom and bathroom		HN	1-Oct-2022	31-Dec-2022	0.0%	
Request lock to secure the ED nurses' restroom in the hallway		HN	1-Oct-2022	31-Dec-2022	100.0 %	
Raise request regarding the need for male nurses' restroom		HN	1-Oct-2022	31-Dec-2022	100.0 %	
make sure staff take a break during the shifts by CNs during the check-in round		HN CN	1-Oct-2022	31-Dec-2022	100.0 %	
Request for the refreshments during the shifts in the department		HN CN	1-Oct-2022	31-Dec-2022	100.0 %	

ensure Staff to take their own extra off and to create an advance schedule for requesting		HN	1-Oct-2022	31-Dec-2022	0.0%	Update staff data to ensure tracking for their extra off expiration date
Quality Task						
Weekly round (Every Monday) to follow plan implementation		QLN	1-Oct-2022	31-Dec-2022	70.0%	
Monthly update the focus-PDSA form and send it to Nursing Quality		QLN	1-Oct-2022	31-Dec-2022	70.0%	
Monthly data collection		SN	1-Oct-2022	31-Dec-2022	70.0%	

For example, the task of encouraging more staff to participate in committees, GNOP as speakers, leadership programs, and career development programs had a progress percentage of 80%. This suggests that while there has been some success in this area, there is still room for improvement to ensure that all staff members are engaged and motivated.

The task of updating staff data to ensure tracking for special events and extra off expiration dates had a progress percentage of 70%, indicating the need for further work in this area to maintain staff engagement and satisfaction.

Monthly data collection showed a progress percentage of 70%, suggesting that while data collection is ongoing, there may be room for improvement in the data collection process or the frequency of data collection.

The results demonstrate a substantial improvement in both Absenteeism Rate and Sick Leave over the analyzed period. The data suggests that the implemented interventions and action plans positively affected staff attendance and overall well-being. However, it is crucial to continue monitoring and addressing any potential factors contributing to absenteeism and sick leave to maintain these improvements.

The decrease in Absenteeism Rate and Sick Leave instances may be attributed to the successful implementation of the action plan, which focused on various aspects of staff well-being, including self-actualization, esteem, love and belonging, safety, physiological needs, and quality. By addressing these areas, the action plan improved staff satisfaction and commitment, resulting in a more supportive work environment and reduced absenteeism and sick leave instances.

It is essential to continuously evaluate and adjust the action plan as needed to maintain the improvements observed in Absenteeism Rate and Sick Leave. This may include refining certain tasks, assigning additional resources, or modifying the plan to address new challenges that may emerge over time. Regular monitoring of the plan's progress and data collection is crucial to ensuring its ongoing success and sustaining the positive trends in staff attendance and well-being.

Moreover, it is important to maintain open channels of communication between staff and management, enabling employees to voice their concerns, share their experiences, and contribute ideas for further improvements. This will foster a sense of belonging and encourage staff to take ownership of the action plan's outcomes.

In conclusion, the results indicate that the implemented action plan during the fourth quarter has had a positive impact on staff attendance and well-being, as evidenced by the significant decrease in Absenteeism Rate and Sick Leave instances. The plan's focus on various aspects of staff well-being, coupled with the commitment from management and staff alike, has contributed to creating a more supportive work environment. Moving forward, it is crucial to continue monitoring and refining the action plan to ensure its ongoing success and maintain the improvements observed in staff attendance and well-being.

Implication for Practice

The results of this improvement project have several implications for nursing practice, which can be beneficial for healthcare organizations seeking to enhance staff well-being, reduce absenteeism, and improve overall work environment. These implications are as follows:

- 1. Holistic approach to staff well-being:** Healthcare organizations should consider adopting a comprehensive and holistic approach to staff well-being that addresses the various dimensions of Maslow's Hierarchy of Needs. By focusing on both physiological and psychological needs, organizations can create a more supportive work environment that promotes staff satisfaction, engagement, and overall well-being.
- 2. Engaged participation from personnel and administration:** The triumph of this enhancement initiative was majorly attributed to the enthusiastic engagement from employees across all tiers, encompassing administration. Promoting a culture of transparent dialogue, teamwork, and collective decision-making can nurture a feeling of responsibility and dedication among employees. This, in turn, can pave the way for effective execution and enduring advancements.

- 3. Regular monitoring and evaluation:** To ensure the ongoing success of the action plan, healthcare organizations should establish a system for regular monitoring and evaluation of its progress. This includes tracking key metrics such as absenteeism rates and sick leave instances, as well as qualitative feedback from staff. Continuous evaluation allows for timely identification of challenges and opportunities for further improvement, ensuring that the action plan remains relevant and effective.
- 4. Versatility and resilience:** The enhancement initiative underscores the significance of versatility and resilience amidst evolving conditions. It is essential for healthcare institutions to be ready to revise and adapt their strategies as required, taking into consideration feedback from employees and the shifting dynamics within the workspace.
- 5. Transferability of findings:** While this improvement project was implemented in a specific healthcare setting, the lessons learned and best practices identified can be applied in other healthcare organizations facing similar challenges related to staff attendance and well-being. By adapting the strategies and interventions used in this project to their unique contexts, organizations can achieve similar improvements in staff well-being, attendance, and overall work environment.

V. Recommendations

Based on the findings and implications of this improvement project, the following recommendations are proposed for healthcare organizations seeking to improve staff well-being, reduce absenteeism, and create a more supportive work environment:

- 1. Create an exhaustive employee wellness plan:** It is crucial for healthcare institutions to formulate a detailed and integrated wellness plan for their staff that covers the multifaceted aspects of Maslow's Hierarchy of Needs. This plan should integrate interventions at both the individual and organizational level, extending from offering physical and mental health support to providing opportunities for professional growth and recognition.
- 2. Cultivate an environment that values transparency and cooperation:** The practice of open dialogue and teamwork should be nurtured among employees across all hierarchies, encompassing management. This can be realized by scheduling routine staff gatherings, organizing team enhancement activities, and setting up communication mediums that ease the exchange of feedback, suggestions, and issues.
- 3. Establish clear expectations and accountability:** Clearly define expectations regarding staff attendance, sick leave usage, and adherence to organizational policies and procedures. Ensure that all staff members understand these expectations and the consequences of non-compliance. Establish a system of accountability to monitor adherence to these expectations and address any issues promptly and fairly.
- 4. Implement continuous monitoring and evaluation:** Establish a system for ongoing monitoring and evaluation of the staff well-being program, including tracking of key metrics such as absenteeism rates, sick leave instances, and staff feedback. Use this information to identify areas for further improvement and modify the program as needed to ensure its ongoing effectiveness.
- 5. Offer instruction and assistance to administration:** It is crucial to endow the management team with essential skills and understanding to competently foster staff wellness and tackle any attendance or sick leave related concerns. This might entail training in domains like dispute resolution, communication, and team cohesion-building.
- 6. Share best practices and lessons learned:** Encourage the sharing of best practices and lessons learned from this improvement project with other healthcare organizations facing similar challenges related to staff attendance and well-being. This can be done through professional networks, conferences, and publications, helping to disseminate knowledge and promote the adoption of effective strategies and interventions across the healthcare sector.
- 7. Conduct further research:** Conduct further research to explore the effectiveness of different interventions and strategies for improving staff well-being and reducing absenteeism in various healthcare settings. This can help to identify additional best practices and tailor the interventions to the unique needs and contexts of different organizations.

VI. Limitations

Despite the valuable insights gained from this improvement project, several limitations must be acknowledged:

- 1. Limited generalizability:** The findings of this improvement project may not be generalizable to all healthcare settings, as it was conducted in a specific hospital and targeted a particular group of healthcare professionals. Further research is needed to determine the effectiveness of the interventions and strategies in different healthcare environments and among various healthcare professional groups.
- 2. Short-term follow-up:** The improvement project assessed the impact of interventions on absenteeism rates and sick leave over a relatively short period. A longer follow-up period would be required to determine the sustainability of the interventions' effects and to observe any long-term trends or changes in staff well-being.

3. **Potential confounding factors:** The improvement project focused on specific interventions and strategies to address staff well-being and attendance. However, there may be other confounding factors that were not considered, such as personal factors, organizational culture, or external circumstances that could also influence staff well-being and attendance. Future research should aim to explore and control for these potential confounding factors.
4. **Lack of control group:** The absence of a control group in this improvement project makes it difficult to definitively attribute the observed changes in absenteeism rates and sick leave to the interventions implemented. Future research could incorporate a control group or use a randomized controlled trial design to strengthen the evidence for the effectiveness of the interventions.
5. **Resource constraints:** Due to limited resources, this improvement project was not able to include all potential interventions or strategies that could contribute to staff well-being and attendance. Future research should explore additional interventions and strategies to identify those that may be most effective in different healthcare settings.
6. **Subjective measures of well-being:** The improvement project focused on objective measures of staff well-being, such as absenteeism rates and sick leave. However, these measures may not capture the full range of staff well-being, which can also include subjective factors such as job satisfaction, stress, and burnout. Future research should consider incorporating both objective and subjective measures of staff well-being to gain a more comprehensive understanding of the impact of interventions on overall staff well-being.

VII. Conclusion

In conclusion, the present study underscores the importance of addressing staff well-being and attendance issues in healthcare settings. Initial data revealed elevated absenteeism rates and high sick leave numbers in specific units, prompting the implementation of targeted interventions by the nursing administration. The improvement project aimed to enhance staff satisfaction and reduce absenteeism through a comprehensive action plan, focusing on addressing Maslow's Hierarchy of Needs. Utilizing QI tools and continuous monitoring, the project employed an action plan incorporating various strategies to improve staff well-being and satisfaction. The successful decrease in absenteeism rates and sick leave numbers demonstrates the effectiveness of a well-designed intervention plan in enhancing staff satisfaction and attendance. Through addressing staff well-being and attendance issues, healthcare organizations can promote a more efficient and effective healthcare system, ultimately benefiting both employees and patients.

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