The influence of Work life Fit Areas and Work life Interference on Nurses' Absenteeism and Performance

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Abstract:

Introduction*: Many healthcare employees are dissatisfied with their job and working conditions. So, work life fit & work life balance practices are become available to nurse employees to reduce overall stress, absenteeism and to improve all their performances.*

Aim*: Developing a model for studying the association between nurses' work life fit areas, work life interference on their absenteeism rate and performance.* ***Study design:*** *A Correlational descriptive research design was used.* ***Setting:*** *The study conducted in General ICU at Assuit University Hospital.* ***Subject and Method:*** *The study subject consisted of (44) nurse working in General ICU at Assuit University Hospital. The data collected through self – administered questionnaire which includes personal characteristics data, Areas of Work life Scale, Work Interference with Personal Life Scale, Total calculation of Absenteeism rate, and Observational Performance Checklist tool.* ***Results:*** *There are no statistical significance differences between studied variables except between work life interference and nurses' performance* ***Conclusion:*** *There were negative correlations between studied variables except a positive correlation between absenteeism and work life interference.* ***Recommendations:*** *Attend training program about work life interference and job performance & formulate a team-based management at hospital.*

Key words: *Absenteeism, Nurses, Performance, Work life Fit Areas, and Work life Interference.*

I.   Introduction

In recent years, it has been noticed that many healthcare employees are dissatisfied with their job, and with related working conditions. Frequently, their job dissatisfaction involves stressful situations that result in work-related illness, burnouts, long-term sick leaves and lack of performance. When healthcare employees feel this type of work dissatisfaction, they tend to distance themselves from care recipients and care giving tasks **(Han et al., 2015).** In order to have more satisfied and healthy employees, organizations should focus on making coordination between work and employees **(Jönsson, 2011& Carolina et al., 2018).**

Carter & Tourangeau (2012) mentioned that the overall quality of the relationships between an employee and the work environment, including the interaction between staff and patients, peers, and leaders, as well as work environment factors are impacted by the alignment of person-job match.

Alignment of person-job match or work life fit included in the areas of work life model that developed by **Leiter & Maslach (2004, 2011&2016)** focuses on a perceived discrepancy, or inequity, created by a mismatch between an individual's expectation and reality in six key areas of workplace. These six key areas are workload, control, rewards, community, fairness, and values.

Work demands such as workload, number of hours worked, shift work and overtime are strongly associated with work-life interference among nurses **(Van der Heijden et al., 2019).** Specifically, nurses with a heavy workload and irregular work schedules are more likely to experience work-life interference as compared with their counterparts, and thus are less satisfied with their job and life **(Claire, 2014)**.

Work-life interference refers to the situations when pressures from work and life roles are mutually incompatible in which participation in one role makes it difficult to participate in the other role. A lack of balance between work and non-work activities is often associated with lower psychological and physical well-being. Work-related stressors primarily cause work-life interference **(Akintayo, 2010).**

Different aspects of job quality can play a role in shaping work-life interference, through which they affect intention to stay. For instance, higher job autonomy can translate into greater employee ability to control decisions over when, where, and how to integrate work and family responsibilities. Similarly, sufficient care time can also reduce various pressures that are translating into the domains of work-life. Work-life interference is then linked to turnover intentions. For instance, higher time pressure among nurses reduces the patient

perception of care quality regarding reliability, accountability, responsiveness, and assurance leading to intention to stay and reduce absenteeism **(Teng et al., 2010 ; Mojtaba &Seyed, 2018).**

Absenteeism is a usual pattern of absence from a duty or responsibility. Usually, absenteeism is considered as an indication of person poor performance. Like other professions, absenteeism is considered an important dilemma in nursing profession. Nursing is a caring profession. Absenteeism is a bigger problem that a nurse manager has to face in daily routine. It affects not only delivering patient care but also nursing staff moral and ethics **(Johns, 2011& Kanwal et al., 2017).**

Devi et al., (2014) stated that the impact of nurse's absenteeism on patient care is that patients will be dissatisfied. If the rates of absenteeism will increased in daily basis it will become the problem for health care units and also for nurse manager. It will not only put burden on other nurses but quality of care will also be affected.

As a key member of the healthcare workforce in hospitals, nurses play a significant role in patient care. Thus, their improved caring performance is a major facilitator of patient recovery and a contributor to an earlier discharge of the patient. Performance is an integrated system represents individual performance; it is the active ingredient in performance because of its expertise and capacity to carry out the work **(Dehghani et al., 2014)**.

Al-Hawary & Al-Menhaly, (2016) defined job performance as the net impact of individual efforts that begin with the capabilities and awareness of the role or tasks which refers to the degree of achievement and completion constituent of the function of the individual tasks.

Moreover **Mendis, (2016)** stated that there are two determinants of job performance; 1) the personal qualities of an individual brings to the job which comprise knowledge, skill, capacity and motives; and 2) the working environment of the organization which comprise job expectations, performance feedback, workspace & equipment, and incentives.

Significance of the study

While the researchers responsible for clinical training of students in the Assuit University Hospital, observed a problem that nurses who have more family responsibilities especially married, became more exhausted, have more workload that reflected by absenteeism which affect on their job performance and by reviewing literatures found that there were three internationally studies published in professional journals, the first one titled by "managing personal and professional life: An Empirical Study" done by **Ameta, (2014)**; the second one titled by "the influence of areas of work life fit and work-life interference on burnout and turnover intentions among new graduate nurses" studied by **Boamah & Lashinger**, **(2016)**; and lastly the third one titled by "work-life balance programs to improve employee performance" done by **Sheppard, (2016).** Furthermore, no national& international studies dealing with the relationship between work life fit areas, work life interference, absenteeism, and performance of nurses. From the Nursing Administration policy that the practical part of Nursing Administration Strategies course which focus on calculating the absenteeism rate annually. All calculations show high rate of absenteeism which may affect on nurses' performance at Assuit University Hospital. This was the motive for the researchers to assess the influence of work life fit areas and work life interference on nurses' absenteeism and performance in General ICU at Assuit University Hospital.

Aims of the study
The present study aims to:
General objective:
Developing a model for studying the association between nurses' work life fit areas, work life interference on their absenteeism rate and performance.
Specific objectives for the study which will be applied in General ICU at Assuit University Hospital:
- Assess nurses' work life fit areas in General ICU at Assuit University Hospital.
- Assess nurses' work life interference in General ICU at Assuit University Hospital.
 - Calculate nurses' absenteeism rate in General ICU at Assuit University Hospital.
- Evaluate nurses' job performance in General ICU at Assuit University Hospital.
- Study the correlation among studied variables (work life fit areas, work life interference, absenteeism and performance) in General ICU at Assuit University Hospital.

Research hypotheses
H1. Nurses' work life fit areas associated negatively with absenteeism.
H2. Nurses' work life interference associated positively with absenteeism.
H3. Nurses' work life fit areas associated positively with performance.
H4. Nurses' work life interference associated negatively with performance.
H5. Nurses' performance will be satisfactory.
H6. Nurses' absenteeism will be high more than normal absenteeism rate.

Subject and Method
1-Technical design
Study design
A correlational descriptive design was used.

Setting
The present study was conducted in General ICU at Assuit University Hospital. The total beds at Assuit University Hospital are 1700 beds which classified as follows: General Medical Units (64) beds, General Surgical Units (156), Intensive Care Units (83), Other units (Special Medical Units, Special Surgical Units, Emergency Care, Operation Room, and Private Units) (1397), and General ICU contains (18) beds from the total hospital number.

Subject
The present study was included all nurses working in General ICU with total number (no= 44). The sampling technique was a convenient one.
Data collection tools
Four tools were used in the present study
Tool I: A self -Administered questionnaire sheet which consisted of two parts:-
•   **Part (1)**: **Personal characteristics data sheet** which included data about: age, years of work in ICU, educational qualification and marital status.
•   **Part (2)**: **Areas of Work life Scale (AWS)** which developed by **Leiter & Maslach, (2004)** and was used to measure nurses' person-job match in six areas of work life. The scale consisted of 18- items measuring the six areas of work life: manageable workload (3 sub items), control (3 sub items), reward (3 sub items), community (3 sub items), fairness (3 sub items), and values (3 sub items). Items are measured on five-point Likert scale which rating from 1 for (strongly disagree) to 5 for (strongly agree).
Tool (II): Work Interference with Personal Life (WIPL) Scale which developed by **Fisher-McAuley et al., (2003)** and validated by **Hayman, (2005)**. The scale consisted of (7 items) measuring the balance between an individual's professional and personal life using five-point Likert scale which ranging from 1 for (not at all) to 5 for (all the time).
Tool (III): Total calculation of Absenteeism rate of un-excused absence/year among studied nurses in General ICU by using the following formula:

$$\text{Absenteeism rate for a year} = \frac{\text{Number of days lost}}{\text{Number of potential work days}} \times 100$$

Adopted from Mohamed, (2001) and normal absenteeism rate of un-excused absence/year = 3- 6% **(European Foundation for the Improvement of Living and Working Conditions, 2010)** cited by **Kandemir &Şahin (2017).**
Tool (IV): Observational Performance Checklist tool: which included **(77 items), (55 items)** adopted from **Youssif et al., (2017)** which included attendance and punctuality (3 sub items), appearance (4 sub items), work habits (8 sub items), staff relations and communication (6 sub items), Communication with patients (7 sub items), nursing care plan activities (8 sub items), material planning (1 sub item), safety measures and patient safety (6 sub items), documentation (6 sub items), coordination (1 sub item), and keeping up to date technically (5 sub items) and **(22 items)** added to nursing care plan activities adopted from last version of **nursing procedure manual of the Egyptian Ministry of Health and Population**, **(2012)** and modified by the researchers.

Scoring system
The responding scoring system was measured by (0) for not done, and (1) for done. If the participants obtained ≥70% it means participants had satisfactory level of job performance, if the participants obtained <70% it means the job performance level was unsatisfactory **(Oladokun, & Adebanjo, 2008).**

II. Administrative design
An official approval to carry out this study was obtained from the Dean of Faculty of Nursing - Assiut University, Director of Assiut University Hospital, Head of General ICU & Trauma ICU, Nursing Director, and Nurses in General ICU& Trauma ICU to be able to collect the necessary data for the pilot study and then to collect the necessary data for the present study.

Ethical considerations
Research proposal was approved from Ethical Committee at the Faculty of Nursing, Assiut University, there is no risk for study participants during application of the research, the study was followed common ethical principles in clinical research, oral agreement was obtained from the participants in the present study, study participants have the right to refuse or to participate and/or withdraw from the study without any rational at any time, confidentiality and anonymity was assured during collection of data.

III. Operational design
The study was conducted throughout three main phases: preparatory, pilot study, and Data collection
Preparatory phase:
• This phase took about three months from November 2018 to January 2019 to end the proposal of the study.
• After reviewing of the available literatures concerning the topic of the study, an Arabic translation of the study tools was done.
• The face validity of the study tools (Areas of Work life Scale , Work Interference with Personal Life (WIPL) Scale & Observational Performance Checklist tool) was reviewed by the five experts of the Nursing Administration Department- Faculty of Nursing – Assuit University

A pilot study
• A pilot study was conducted in three days from 28- 30/1/ 2019 on five nurses which represent (10%) from total study participants but working in Trauma ICU not in General ICU to ensure the clarity, accessibility and understandability of the study tools and for time estimation before actual data collection because the study sample is small. The data obtained from the pilot study was analyzed and no changes were done for the study tools.
The study tools were tested for its reliability by using Crombach's Alpha Co- efficient test, it was **(α = 0.799)** for Areas of Work life Scale (AWS), **(α = 0.858)** for Work Interference with Personal Life (WIPL) Scale, and it was **(α = 0.812)** for Observational Performance Checklist tool. Thus indicates a high degree of reliability for the study tools.

Data collection
• The researchers met with each nurse in the study to explain the purpose of the study and to ask for participation. After obtaining verbal consent, the study tool was handled to the participated nurses to be filled through self- administered questionnaire to assess nurses' work life fit areas and work life interference. Each participant took about fifteen minutes to fulfill the questionnaire.
• Then data was collected to evaluate nurses' job performance in General ICU at Assuit University Hospital done by the researchers using direct observation checklist three times for each nurse during the six hours of the morning shift or the evening shift. The whole duration for data collection took about three months from February to April 2019.
• Finally calculation of absenteeism rate of un-excused absence for each nurse in General ICU at Assuit University Hospital has been done by the researchers through reviewing the attendance record and personnel affaires office records and calculated days attended and days of absence for each nurse through the whole year from 1/1/2019 to 31/12/2019. Excluding from this time expected days off (the Friday, Saturday), official vacations, casual vacations, sick leaves, and maternity leaves.
• There is a rule applied specially at Assuit University Hospital give the employee paid vacations for ten days in summer and five days in winter.
• Absenteeism rate of un-excused absence was calculated by using the previous formula mentioned in the study tools and the whole duration for calculation of absenteeism rate took about one month.

IV. Statistical design
Data entry and statistical analysis were done using SPSS ver. 24 program Statistical Soft Ware Package for Social Science. Data were presented using descriptive statistics in the form of frequencies, percentages, mean, standard deviation, range, fisher exact test and chi-square. Pearson correlation coefficients analysis was used for assessment of the inter-relations among quantitative variables. Statistical significance was considered at P-value ≤ 0.05.

II. Results

Table (1): Distribution of personal characteristics of the studied nurses working in General ICU at Assuit University Hospital (n=44)

Items	No. (44)	%
Age: (years)		
< 25	**23**	**52.3**
≥ 25	21	47.7
Mean ± SD (Range)	24.25 ± 2.01 (21.0 – 28.0)	
Educational qualification:		
Secondary School of Nursing	3	6.8
Technical Institute of Nursing	**41**	**93.2**
Marital status:		
Married	19	43.2
Single	**25**	**56.8**
Years of experience in General ICU:		
≤ 3	21	47.7
> 3	**23**	**52.3**
Mean ± SD (Range)	3.10 ± 1.80 (1.0 – 7.0)	

Table (2): Mean score of work life fit dimensions as reported by the studied nurses working in General ICU at Assuit University Hospital (n=44)

Work life fit dimensions	Mean ± SD	Range
• Workload	9.25 ± 2.06	5.0 - 13.0
• Control	8.91 ± 2.39	3.0 - 13.0
• Reward	7.68 ± 2.79	3.0 - 13.0
• Community	**11.16 ± 2.24**	6.0 - 15.0
• Fairness	7.73 ± 2.63	3.0 - 13.0
• Values	9.32 ± 2.19	4.0 - 14.0
Total work life fit dimensions	54.05 ± 9.50	35.0 - 77.0

Table (3): Mean score of work life interference items as reported by the studied nurses working in General ICU at Assuit University Hospital (n=44)

| Work life interference items	Mean ± SD
• **Your personal life suffers because of work.**	**4.25 ± 0.72**
• **You miss personal activities because of work.**	**4.27 ± 0.79**
• **You neglect personal needs because of work.**	4.02 ± 1.02
• **You put personal life on hold for work.**	**4.25 ± 1.01**
• **You struggle to juggle work and non-work.**	3.73 ± 0.90
• **Your job makes personal life difficult.**	4.11 ± 1.02
• **You are happy with the amount of time for non-work activities.**	4.05 ± 1.08
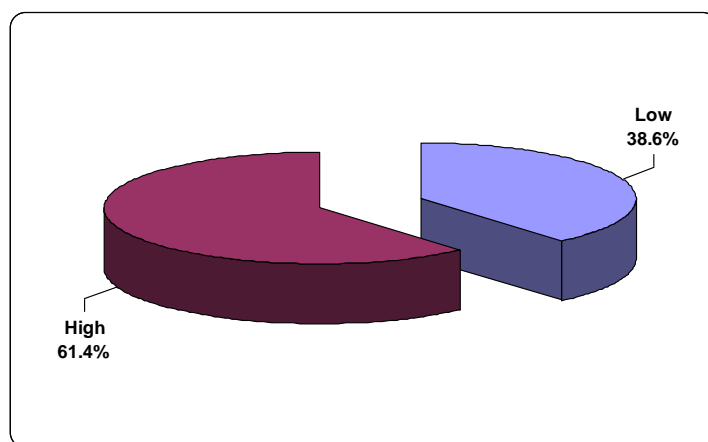
Figure (1): Distribution of absenteeism level among studied nurses working in General ICU at Assuit University Hospital (n=44)
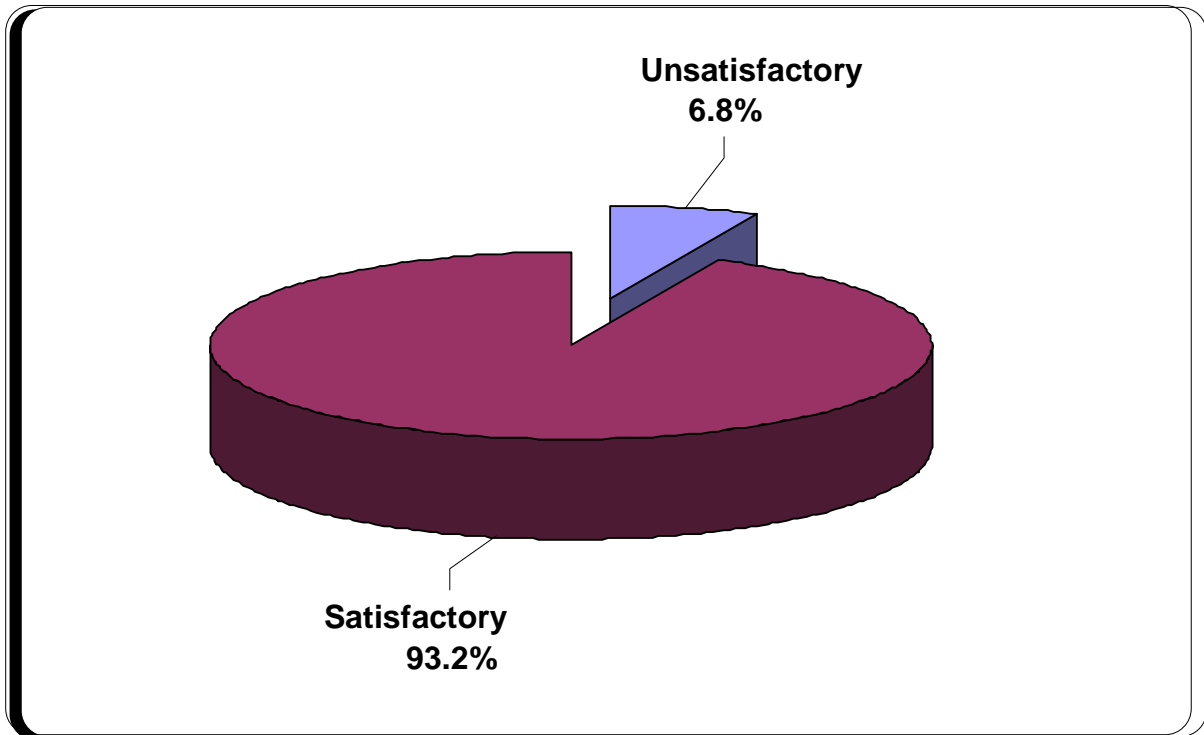
Figure (2): Distribution of nursing performance level among studied nurses as observed in General ICU at Assuit University Hospital (n=44)

Table (4): Correlation between nurses' age, years of experience, and the work life fit, work life interference, performance, and absenteeism as reported by nurses in General ICU at Assuit University Hospital (n=44)

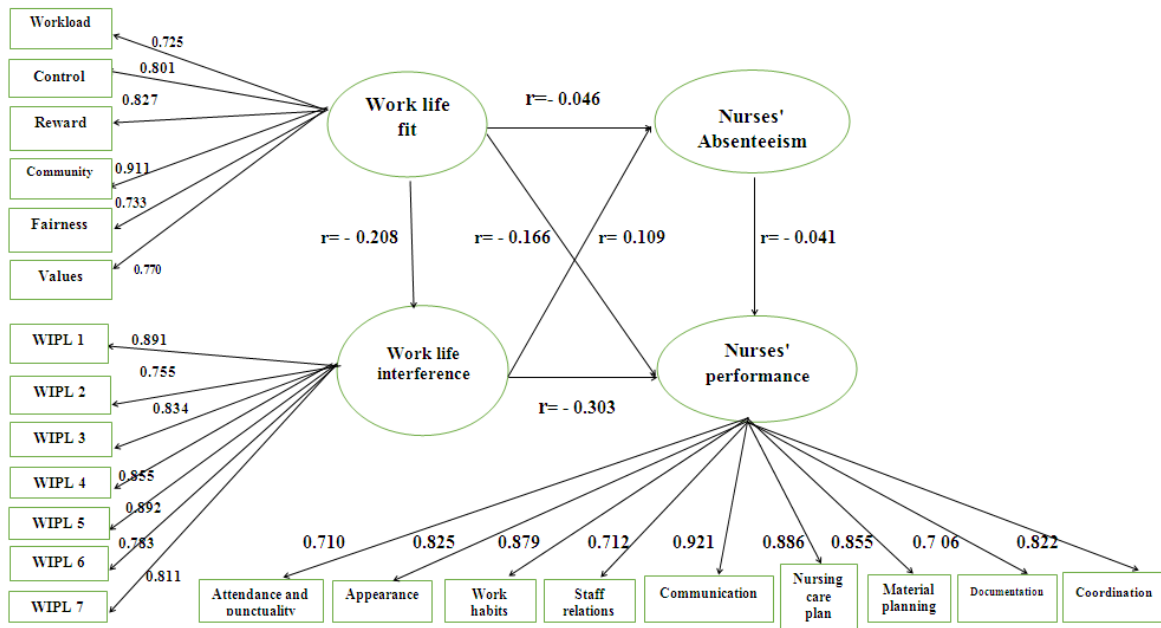| Variables		Age (years)	Years of experience in ICU
Work life fit	r-value	-0.124	-0.199
	P-value	0.424	0.195
Work life interference	r-value	-0.056	0.011
	P-value	0.716	0.941
Nurses' performance	r-value	0.073	0.188
	P-value	0.637	0.222
Absenteeism percentage	r-value	0.390	0.147
	P-value	0.009	0.340

Figure (3): Hypothesized model proposing the direct relationship of work life fit, work life interference, nurses' performance ,and absenteeism of nurses working in General ICU at Assuit University Hospital.

Table (1): Shows that the majority of nurses have diploma of Technical Institute of Nursing **(93.2%)**, more than half of them are single, aged < 25 years old and have years of experience in General ICU > 3 years **(56.8%& 52.3%&52.3%)** respectively.

Table (2): Illustrates that the highest mean score regarding to work life fit dimensions is related to community dimension **(11.16 ± 2.24)** with total mean score of work life fit dimensions **(54.05 ± 9.50).**

Table (3): Displays that the highest mean scores regarding to work life interference are related to items "You miss personal activities because of work, you put personal life on hold for work, and your personal life suffers because of work" **(4.27 ± 0.79, 4.25 ± 1.01&4.25 ± 0.72)** respectively**.**

Figure (1): Reveals that nearly two thirds of studied nurses have high level of absenteeism **(61.4%).**

Figure (2): Reveals that the majority of studied nurses have satisfactory level of nursing performance **(93.2%).**

Table (4): Reveals that regarding to nurses' age, there are positive correlations between nurses' age, performance, and absenteeism, while there are negative correlations between nurses' age, work life fit and work life interference. Regarding to nurses' years of experience there are positive correlations between nurses' years of experience, work life interference, performance, and absenteeism, while there is a negative correlation between nurses' years of experience and work life fit. There are no statistical significance differences between nurses' age, years of experience, work life fit, work life interference, nurses' performance, and absenteeism.

Figure (3): Depicts that there are negative correlations between work life fit, work life interference, nurses' performance, and absenteeism except the correlation between absenteeism and work life interference was a positive correlation with no statistical significance differences between work life fit, work life interference, nurses' performance, and absenteeism except between work life interference and nurses' performance **(0.046*).**

III. Discussion

The occupation of nursing is a high risk, high pressure, and labor-intensive profession in the health care system. The health care system is important for the well-being of the society, therefore it is vital for nursing practitioners to provide quality care to the society. The nursing shortage is a problem in both the private and public health sectors. Some of the challenges that nurses might experience daily is a shortage of resources and staff, staff absenteeism, illegitimate tasks, emotional distress, poor co-worker work life fit and performance and poor management **(Preez, 2017).**

As revealed from the current study, the highest mean score regarding to work life fit dimensions were related to community dimension **(table, 2).** This might be attributed to the main reason to make nurses done their work effectively and without pressure or stress is good interpersonal and communication with each other and with health care team and the majority of nurses in ICU graduated from the same Technical Institute of Nursing and training in the same Assuit University Hospitals that make them more cooperation and trust with each other.

This finding was consistent with **Laschinger& Grau, (2012)** who mentioned that a sense of community in the workplace is crucial especially for new nurses as it fosters a greater sense of trust and

cohesiveness among staff. A cohesive work environment enables staff members to communicate effectively, share responsibilities in getting the work done and feel like valued members of the team.

And also was consistent with **Flicek, (2012)** who mentioned that communication among the patients, physicians, and nurses were important to improves patient care.

From the findings of the current study, the highest mean score regarding to work life interference were related to items " You miss personal activities because of work, your personal life suffers because of work, and you put personal life on hold for work" **(table, 3)**. This might be attributed to that shortage of staff nurses in ICU let them take evening and night shifts more than nurses in other units which leads to missing personal activities, also socialization that occur between nurses in work give them more involvement and interfere in each other personal problems which lead them suffers from work .

These findings were consistent with **Schaufeli et al., (2009)** who stated that work interference with family is typically measured by phrases such as "my work takes up time that I would like to spend with my family." Work interference with a domain affects quantity or quality of involvement within life domain.

As revealed from the current study nearly two thirds of studied nurses have high level of absenteeism **(Fig, 1)**. This might be due to high workload in the ICU, low recognition, also most of nurses are living in rural areas and travels for long distance to reach to the hospital. There are additional causes that prevent nurses from going to work such as difficulties with partners, minor illness, home duties.

This finding was consistent with **Mudaly& Nkosi, (2017)** who indicated that family problems, poor salaries, long working hours, lack communication with immediate supervisor, transport problems, poor working conditions, characteristics of the nurse, workplace, and organizational factors that could lead to the absenteeism of nurses at work.

Ongoing on the study findings, the majority of studied nurses had satisfactory level of job performance **(fig, 2)**. This result might be attributed to that the best method of giving patient care is case method which most commonly used in ICUs at Assuit University Hospital that allow nurses to be all the time in close contact with patients and doing all tasks, this give them experience and improve performance.

These findings were consistent with **Sharafi et al., (2018)** who stated that case method or total patient care is the optimal technique of delivering care to the patients and used in many hospitals in which patients are divided between nursing staff according to the patients' needs and the level of nurses' knowledge and skills.

Moreover, the study findings demonstrated that there were positive correlations between nurses' age, performance, and absenteeism, while there were negative correlations between nurses' age, work life fit and work life interference. Regarding to nurses' years of experience there were positive correlations between nurses' years of experience, work life interference, performance, and absenteeism, while there was a negative correlation between nurses' years of experience and work life fit **(table, 14).**This might be due to when nurses became older will be more flexible in their thinking, timings and understanding of how things works lead to decrease in work life interference and better performance. When nurses have more experience, they grow wiser, have better insights into how their hospital works and what strings to pull to get their work done but also make them more involving in work issues and have more responsibilities that lead to increase work life interference.

This finding was consistent with **Kanestren, (2009)** who stated that there was a positive correlation between age and nurse performance when conducted a research on 45 nurses at Pertamina Jaya Hospital, Indonesia.

This finding was inconsistent with **Tsiba et al., (2013)** who found that younger employees at the beginning of their career (1–5 years of experience) displayed greater absenteeism and there a negative correlations between nurses' years of experience with absenteeism.

The study findings demonstrated that there were negative correlations between work life fit, work life interference, nurses' performance, and absenteeism except the correlation between absenteeism and work life interference was positive with no statistical significance differences between work life fit, work life interference, nurses' performance, and absenteeism except between work life interference and nurses' performance **(fig, 3).** This might be attributed to when employees perceive reasonable workloads, they have less time pressured to accomplish their work and are less likely to experience feelings of emotional exhaustion & fatigue. As a result, employees are less likely to absent from their jobs.

This finding was consistent with **Moon & Jongho, (2010)** who examined the relationship between work life interference and job performance, who concluded that a balance between work and life is the strongest predictor of employees' job performance. Also was consistent with **Naithani, (2010)** who demonstrated that creating and sustaining balanced work and life is considered one of the key employees' issues for the modern workplace. Employees that manage their work life balance will have better performance compared to employees who are in work life conflict. This imbalance of work life relationships can negatively impact on job performance.

Also the study finding was consistent with **Lee & Hong, (2011)** who illustrated that pressure of workers' personal life can directly affect their job performance, and workers who perceived their employers as unsupportive on family issues show higher degrees of anxiety.

In addition the current study finding was consistent with **Brewer et al., (2011)** who mentioned that high levels of work-life interference have been associated with increase of job dissatisfaction, absenteeism, somatic problems and psychological burnout (emotional exhaustion and cynicism) among nurses. Moreover, **Stock et al., (2013)** stated that work life interference symptoms that an employee might experience include feelings of stress and exhaustion and might contribute to lower job and organizational performance.

This finding was consistent with **AbuKhalifeh & Som, (2013), Gangai, (2014), &Lally, (2014)** who demonstrated that the impact of absenteeism in the workplace which contributes to lost the nursing performance of many organizations**.**

Also the study finding was consistent with **Khan et al. (2014)** who mentioned that work-life interference plays an important role in the extent to which employees experience burnout and subsequently reinforce and increase of their absenteeism.

Also the study finding was consistent with **Boamah& Laschinger, (2016)** who found that there was a negative correlation between new graduated nurses' work life fit and work life interference.

This finding was inconsistent with **Rudman & Gustavsson, (2011) & Laschinger, (2012)** who stated that work life fit especially workload has numerous impacts on workers' psychological and physical health and generates major costs for organizations especially nurses' absenteeism and there positive correlation between work life fit and nurses' absenteeism.

In addition this finding was inconsistent with **Tummers et al., (2013)** reported that areas of work-life such as workload and fairness as major contributing factors to nurses' decisions to leave their jobs and had been linked to a number of deleterious and costly individual and hospital outcomes, such as job dissatisfaction, burnout, decreased productivity, poor care quality and increased turnover, and absenteeism and there positive correlation between work life fit and nurses' absenteeism.

Moreover it was inconsistent with **Nayeri, et al., (2011)** & **Mendis& Weerakkody, (2014)** who found a positive significant correlation between measures of work life fit and employee' performance.

IV.   Conclusion(s)
In the light of the study results, the following conclusions can be drawn:
- More than half of the studied nurses agreed that they work intensely for prolonged periods of time but their efforts usually go unnoticed and doesn't receive recognition from management for their work.
- About two thirds of the studied nurses reported that they all the time put personal life on hold for work.
- The majority of studied nurses observed doing all tasks in ICU and have satisfactory level of nursing performance.
- Nearly two thirds of studied nurses have high level of absenteeism and absenteeism rate as calculated for studied nurses during one year (2019) was **8.9**%.
- There were no statistical significances difference between nurses' personal data and studied variables (work life fit, work life interference and performance) except regarding to areas of work life (control items) with educational qualification and between nurses' level of absenteeism and marital status which have statistical significance difference.
-There were negative correlations between work life fit, work life interference, nurses' performance, and absenteeism except a positive correlation between absenteeism and work life interference with no statistical significance differences between work life fit, work life interference, nurses' performance, and absenteeism except between work life interference and nurses' performance

V.   Recommendations
- In the light of the results of this study the following recommendations will be suggested:
1- Formulate a team-based management and training for all departments such as the emergency room, operating room and intensive care units could be done to better allocate and integrate the workforce in a hospital.
2- Formulate appropriate human resource strategies that can promote the development of nurses' sustainable workforces in the health care hospital and balancing, managing work, and personal responsibilities.
3- Set up an 'Employee Support Unit' in hospitals to ensure a more secure, healthy and productive working environment and employees should be supported in terms of both health and social services.
4- Establish monetary and moral reward system for nurses' good work in the ICUs.
5- Improving ICUs nurses salary and incentives to commensurate with the work nature.
6- Provide transportation service for nurses living in distant rural areas to minimize absenteeism rate.
7- Formulate an absenteeism committee to review the absenteeism yearly for all departments in the hospital to reduce causes of it.

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