

What can research evidence tell us about:

Causes of Absenteeism and Associated Mitigating Measures Among Health Workers

Key messages

- ➔ Absenteeism and low motivation for work have a complex interplay, with absenteeism a potential indicator of low motivation. Therefore, there is a need to identify the causes of low motivation and absenteeism to address it.
- ➔ To address absenteeism, you need to identify its causes. We can categorise these causes as (i) individual factors such as ill-health and lack of commitment, (ii) institutional factors such as absence norms, limited job involvement, (iii) management factors such as inadequate supervision and failure to recognise outstanding performers and (iv) dual employment.
- ➔ All measures against staff absenteeism must be context-specific. The process of designing mitigating measures should be participatory whenever possible. The management must institute and maintain an attendance record to identify absentees and develop a communication and reward mechanism for those who adhere to or fail to adhere to the instituted attendance policies.

Where did this Rapid Response come from?

This document was created in response to a specific question from a policymaker in Uganda in 2020.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES), at the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative.

+ Included:

- **Key findings** from research
- **Considerations about the relevance** of this research for health system decisions in Uganda

✗ Not included:

- Recommendations
- Detailed descriptions



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Summary

Background:

One of the District Health Teams (DHT) in Uganda is struggling with chronic health workers absenteeism at health facilities. Absenteeism has affected service delivery at the health facilities within the district, led to a reduction in health services consumer satisfaction, and directly impacts the performance appraisal of the DHT. To address this challenge, a member of the DHT is seeking evidence on the causes of absenteeism among health workers and possible options of addressing this challenge to register improvements in health worker attendance at their work.

Rapid Response Question:

What are the causes of absenteeism among health workers, and what are the available options for reducing it at the local government level in Uganda?

Findings:

Absenteeism from work is a function of two variables; (a) ability to attend and (b) motivation to attend. Low motivation and absenteeism are closely related, and therefore it is crucial to understand factors influencing both phenomena.

The causes of absenteeism are;

1. Ill health
2. Institutional absence norms
3. Prior absence patterns
4. Limited job involvement
5. Low job satisfaction
6. Low commitment to the organisation
7. Poor leadership and management
8. Burnout and stress
9. Infrequent supervision
10. Infrequent supervision
11. Lack of recognition/ appreciation
12. Dual employment

The factors that affect staff motivation are;

1. Availability of incentives
2. Opportunities for carrier development
3. Management characteristics
4. Further training/ education opportunities
5. Availability of resources
6. Recognition/ appreciation of staff

To address absenteeism and low motivation, you need to identify the cause and tailor the appropriate intervention for it. Whenever possible, the intervention design should be participatory to get the buy-in of the staff and the team to have full knowledge of the interventions. Below are the options for addressing absenteeism of health workers;

Positive impact interventions

- Instituting policies to address absenteeism
- Financial and non-financial incentives
- Recognising dual employment

Mixed impact interventions

- Changing staff contracts
- Restricting/ prohibiting private practice

No impact interventions

- Stress management training for staff
- Building capacity of managers to solve problems and handle organisational changes

The management must deliberately maintain records on absenteeism, create and maintain a communication system and institute rewards for those adhering to and failing to adhere to the absenteeism policy for these interventions to work.

Conclusions:

To address absenteeism, the DHT should identify its causes and institute the appropriate measures. However, for the measures to be successful, they should be designed with the health workers' active participation. The management should also deliberately institute measures to identify and reward those who adhere to and do not adhere to the set attendance policies accordingly.

Background

In 1995, the government of Uganda adopted the decentralised system of governance in the health sector [1]. At the sub-national level, the District Health Team (DHT), headed by the District Health Officer, oversees healthcare service delivery within a district. The DHT supervises service delivery at Health Centres IV, III, II and the Village Health Team. In its supervisory role, one of the DHTs in Uganda noted, with concern, the rampant and perpetual absenteeism among its health workers. The high rate of absenteeism has inevitably affected health service delivery within the district, leading to a reduction in community's satisfaction with the service and affecting the district's performance on the District League Table. Besides, the chronic absenteeism of staff reflects poorly on the performance of the DHT.

How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here:

www.evipnet.org/sure/rr/methods

The poor service delivery and drop in community satisfaction with the health services delivered in the district, coupled with its reflection on the district performance on the district league table and overall performance appraisal of the DHT, has brought this challenge to the decision agenda of the district. Therefore, the DHT is seeking evidence on the causes of absenteeism among health workers and the possible mitigating measures to address this growing impediment to health care delivery.

Rapid Response Question: *What are the causes of absenteeism among health workers, and what are the available options for reducing it at the local government level in Uganda?*

Summary of findings

Absenteeism refers to time away from work because of unscheduled work absence [2, 3]. Within the health sector, health worker absenteeism affects the quality of services delivered to the population. Absenteeism from work is a function of two variables; (1) ability to attend and (2) motivation to attend [4]. Whereas there are genuine causes of absence from work, most notably ill health, research shows that this only contributes to 4% of registered work absenteeism in LMICs [5].

Motivation can be defined as a staff's degree of willingness to exert and maintain the required level of effort towards their role in achieving an organisation's goals [6]. Motivation and absenteeism are closely related with low motivation being a possible cause of absenteeism and absenteeism being an indicator of low motivation. In this Rapid Response Brief, we provide evidence on the causes of absenteeism and reduced motivation for work and the options for addressing preventable causes of absenteeism among health care workers.

Causes of absenteeism and low motivation for work

There are many causes for absenteeism, and the leadership must identify the applicable leading causes at the health facility to address this challenge. Many of these factors do not operate independently of each other. There is an interplay between the elements, with some factors influencing others while others result from an interplay between different factors such as organisational commitment is influenced by leadership and organisational factor. These can broadly be categorised into individual factors, institutional factors, Management factors and dual employment as shown below;

Individual factors

1. Personal health – Ill health is associated with absenteeism among health workers [3, 5]. However, whereas ill health is responsible for 30 to 40% of absenteeism among health

workers in the developed countries, in LMICs, ill-health only accounts for approximately 4% of absenteeism from work among health workers [5].

2. Prior individual absence – An individual's previous absenteeism record can predict future absenteeism. Individuals with a chronic history of absenteeism with no repercussions or caution are more likely to be absent in the future as compared to those who a good record of attendance [3, 5].
3. Job satisfaction – There is a negative correlation between job satisfaction and absenteeism. Individuals with low job satisfaction have higher absenteeism rates than those with high job satisfaction [3].
4. Commitment to the organisation – If a staff member is not committed to the organisation and its work (i.e. delivery of health services to the community), then s/he will most likely be absent from work more frequently than one who is committed to the organisation [3].
5. Burn out and stress – The higher the stress accrued in executing their roles coupled with burn out from an excessive workload and routinisation at work, the higher the possibility of absenteeism by health workers [3, 5, 7].

Institutional Factors

1. Perceived absence norms and prior individual absence – If the institution has had high absenteeism from work and the culture is perceived as passive or supportive of absenteeism, the possibility of health worker being absent in the future is high [3, 5]. Therefore, the managers need to screen prior attendance and absence trends of staff to identify those most likely to be absent and address them accordingly.
2. Job involvement – This has a negative correlation with absenteeism. The more a staff member is involved in the health facility's activities, the lower the absenteeism rate [3]. Job involvement includes the job description and the responsibilities assigned to an individual. When an individual is heavily involved in the health facility's activities, there is a feeling of appreciation of their role at the facility, which leads to higher attendance.
3. Infrastructure and availability of resources – Health workers are demotivated with a lack of infrastructure and resources to perform their work, such as theatres, hospital beds, electricity, running water, drugs, and supplies [5, 8, 9].
4. Other causes of staff absenteeism include; absence of staff housing, lack of potable water and working in rural locations [5, 10].

Management factors

1. Management/ leadership characteristics – Leadership that is impersonal and does not recognise performers and staff who are always present but as well does not reward those who are frequently absent may lead to absenteeism [5, 9, 10].
2. Absenteeism of leaders – In health facilities, if the doctors and pharmacists are frequently absent, this increases the possibility of nurses and other cadres at the facility being absent.
3. Infrequent supervision – When health workers' supervision is infrequent, there is a high probability of absenteeism [5, 10]. This is linked to a lack of a mechanism to detect absenteeism and adequately respond to the frequent absences.

Dual practice

1. Health workers who have job postings in private and public facilities are more prone to absenteeism from the public health facilities [5]. The dual practice results from several factors, key among which is obtaining additional income and getting access to facilities that allow for more satisfactory medicine practice.

The motivation of health care workers is central to the service delivery at the health facilities as well as to absenteeism and presenteeism at work. Low motivation for work is a predictor for absenteeism and poor service delivery. To address some of the factors leading to absenteeism, one has to think of innovative ways to increase health workers' motivation to perform their roles at the facilities. This requires an intricate understanding of the causes of demotivation among healthcare workers.

Whereas factors that affect motivation are context-specific, we provide below the cross-cutting factors;

1. Incentives – Both financial and non-financial incentives for performance affect work motivation among health care workers [6, 8-10].
2. Career development – Workplaces with clear career development opportunities maintain high motivation for workers compared to those with minimal or no career development opportunities [8, 9].
3. Management characteristics – Inadequacy in management and leadership can lead to demotivation of the staff. The administration has to be seen to be knowledgeable and skilled enough to steer the facility in the right direction regarding service delivery, less of which casts a shadow of doubt among the staff and thus demotivation [8, 9]. Transformative leadership was shown to improve worker motivation compared to transactional and laissez-faire leadership [11].
4. Opportunities for further training and education – Staff members are motivated to work if the institution has opportunities for further training and education, and criteria such as performance [8, 9].
5. Infrastructure and availability of resources – Health workers are demotivated with a lack of infrastructure and resources to perform their work, such as theatres, hospital beds, electricity, running water, drugs, and supplies [5, 8, 9].
6. Recognition/ appreciation – Health care workers want to feel valued, appreciated and supported by the facility managers, colleagues, and the community at large. A gap in recognition or appreciation for health workers is associated with low motivation for work [8, 9].

Options for addressing absenteeism and low motivation for work

Most of the available evidence for addressing absenteeism and motivation is from High-Income Countries. It is, however, possible to draw lessons and contextualise from these lessons to address the challenge of absenteeism of health care workers in LMICs. Table 1 below provides the options for addressing absenteeism.

Table 1: Options for addressing absenteeism among health care workers

Option	Description	Outcomes	Contextual factors
Organisational policies aimed at changing organisational culture, leadership and institute absenteeism policies [5, 10].	<p>The management institutes policies to address the culture of the organisation regarding absenteeism. Staff members need to sign and adhere to them. These changes can include;</p> <ol style="list-style-type: none"> 1. scheduling leave days in relation to facility schedules 2. Counselling and follow up of employee conduct 3. Requirement for obtaining prior request before absenting 4. Discussing with the offender and encouraging improvement 5. Programs to reward staff with improved attendance 6. Policy on public reviewing of records of frequently absent employees 	There was a reduction in absenteeism and improved performance by staff.	<ol style="list-style-type: none"> 1. It is important to involve staff in setting the policies to be aware of the expected attendance standards. 2. There should be excellent record-keeping on absenteeism coupled with appropriate facility culture for frequent performance audits and management. 3. There is a need for an adequate feedback and rewards plan at both individual and institutional levels.
Restricting or prohibiting private practice (dual practice) [5] ¹ .	<p>Instituting a total ban on the private sector practice by all staff working in the public sector. The management should match the stoppage of dual practice with sufficient incentives for health workers. This, however, is a challenge as the public sector typically cannot raise the funds to match the money accrued from practice in both the private and public sector.</p>	Were it is was impossible to match the incentives provided in the private sector, health workers quit the public sector for the private sector.	<ol style="list-style-type: none"> 1. There should be capacity to monitor and supervise staff 2. There is a need to increase compensation for health workers to match the total amount of money they obtain from dual practice. 3. The facilities have to be well equipped to offer the same work environment and experience as is in the private sector
Recognising dual employment [10] ²	<p>This strategy recognises the existence of dual employment and devises means of working with it, for example, reducing the number of hours for health workers in the public sector to provide them with</p>	There is noted a reduction in absenteeism.	The health system would need to recruit more staff to allow health workers to work in shifts to have sufficient coverage of the public facilities.

¹ The systematic review is of moderate quality – The possibility of the results reported in this review changing is low if another systematic review is performed.

² This is a technical brief and therefore did not follow the methodological rigour of producing a systematic review. It therefore is not subject to the same quality evaluation as would be for a systematic review. However, its quality is moderate.

	ample time to practice in the private sector.		
Changing staff contracts [5].	The administration and leadership can change the contracts of staff who are on fixed contracts to permanent contracts.	This intervention showed mixed results. In some places, this led to reduced absenteeism while it increased the absenteeism rates among those who had been made permanent in other areas.	<ol style="list-style-type: none"> 1. There should be evidence that staff on fixed contracts are more prone to absenteeism than those on permanent contracts 2. The sector must have the finances to recruit staff on permanent contracts 3. Plans for monitoring and supervising staff should be instituted if this intervention is to work
Using financial and non-financial incentives [5, 10].	<ol style="list-style-type: none"> 1. The institution can consider providing bonus payments and cash prizes for exemplary performance and attendance. 2. The institution can consider adding days off to employee's official leave days basing on performance and attendance. 3. The institution can consider buying back employees unused sick leave days. 4. Improve the working environment of health care workers, for example, provision of infrastructure, equipment, and pharmaceutical supplies that allow for adequate practise in the public sector. 	<p>These interventions resulted in a reduction in absenteeism.</p> <p>However, it should be noted that financial incentives alone do not improve absenteeism. These should be instituted alongside other incentives and rewards for those who are frequently absent.</p>	<ol style="list-style-type: none"> 1. There should be enough capacity for long term monitoring of attendance and performance 2. There should be effective sanctions for poor performance and absenteeism 3. The institution should have resources to maintain the financial incentives
Stress management training for staff [7] ¹ .	The staff receive training in identifying and managing stress with specific stress management techniques such as assertiveness, mindfulness, and relaxation.	These interventions showed benefit on stress reduction in the short term. However, they did not have any impact on job satisfaction and absenteeism.	The causes of absenteeism must be stress-related. However, since there is no evidence of this intervention's long-term impact on stress and absenteeism, this might not be a realistic option.
Management interventions [7].	<ol style="list-style-type: none"> 1. Develop the capacity of health facility managers to improve their ability to solve problems 2. Build capacity of managers to manage organisational changes at the facility 	These interventions had no impact on staff absenteeism	

¹ The systematic review is of moderate quality – The possibility of the results reported in this review changing is low if another systematic review is performed.

Conclusion

To address absenteeism, the district health team should identify its causes and institute the appropriate measures. However, the DHT must engage the health workers and facility managers in designing the interventions. The DHT should also institute measures to identify and reward those who adhere to and do not adhere to the set attendance policies accordingly to motivate the necessary change.

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What is a Rapid Response?

Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

What is ACRES?

ACRES – The Center for Rapid Evidence Synthesis (ACRES) is a center of excellence at Makerere University- in delivering timely evidence, building capacity and improving the understanding the effective, efficient and sustainable use of the rapid evidence syntheses for policy making in Africa. ACRES builds on and supports the Evidence-Informed Policy Network (**EVIPNet**) in Africa and the Regional East African Community Health (**REACH**) Policy Initiative (see back page). ACRES is funded by the Hewlett and Flora foundation. <http://bit.do/eNQG6>

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Regional East African Community Health Policy Initiative



EVIPnet

Glossary

of terms used in this report:

www.evipnet.org/sure/rr/glossary

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Conflicts of interest

None known.

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