Establishing Incidence of Health Provider Absenteeism in Bushenyi District

By

Uganda National Health Users’/Consumers’ Organization (UNHCO)
Overall Objective of the Study

• The overall objective of the study was to establish the rate of health provider absenteeism in public health facilities.
The Study Objectives

• Establish the incidence of Health Provider absenteeism in public health facilities in Bushenyi District
• Assess factors that determine Health Provider absenteeism in Public Health facilities in Bushenyi District
• Discuss implications and make recommend for appropriate remedies to reduce Health Provider absenteeism
Bushenyi profile

- Population: 916,400
- Population Growth 3.1%
- Doctor :population ratio 30,992
- Sub-counties: 27
- Total Number of health facilities: 104
- Land area: 4292.6 Km2
Methodology

Sampling Design and size determination

The sample design was based on the two main data collection methods;

• health provider tracking
  All 104 health facilities in the district were targeted

• Health provider individual interview.
  15 health providers per facility were targeted. In facilities with less all were interviewed.
Data Sources

*Secondary Data Review*

- staff attendance registers
- duty rosters

In addition documents such as Human Resources for Health Startegy 2006, HSSP III were reviewed.

*Primary Data collection*

The primary sources involved interviews with facility in-charges and individual health providers. In addition provider attendance was tracked during unannounced visits to the health facilities.
• **Data collection Methods**

**Individual Interview**
conducted with health providers with the purpose of understanding and establishing factors leading to absenteeism.

• **Health Provider attendance tracking**
5-7 visits were made to selected health facilities to track attendance of each staff at the facility

• **Key Informant interview**
Key Informant interviews were conducted with health facility In-charges at the selected health facilities. These were targeted mainly because of their supervisory and management role at the health facility.

**Focus Group Discussion**
Focus group discussions were conducted with selected communities surrounding the health facilities sampled.

**Document Review**
A number of records and documents related to human resources for health were reviewed to augment primary data collection.
STUDY FINDINGS

• Background Characteristics of surveyed Health Providers

• 177 health providers were interviewed
• 68.3% were female and 31.7% were male
• Nursing officers and Nursing assistants formed the biggest interviewed
• Over 50% were on permanent terms of employment.
• 60% were in age group 20-30 years
• 54% had worked for less than 5 years
• 97% of the providers homes from the facility were within 0-5 km
Job Satisfaction

- The most commonly mentioned areas of job satisfaction in order of importance were;
  - Relationship with line manager (78%)
  - Relationship with colleagues at work (75%),
  - Communication and information flow from management (70%),
  - Feedback from supervisors (63%)
  - Job training (59%).
- It’s important to note that salary and allowance were rated as the lowest areas of job satisfaction both at 14%.
Incidence of Absenteeism

- Incidence of absenteeism refers to health providers who were absent at least once during each of the 7 visits.
- Rate of absenteeism was 48%.
- Health providers at lower health facilities were likely to be absent than those in higher health facilities.
- Analysis by cadre revealed a big proportion 24% of Nursing officers were absent.
- This was followed by Nursing Assistants and Enrolled Nurses both at 18%. And enrolled midwives at 15%.
- In location, more health providers in the rural health facilities (67%) were not present compared to providers in peri-urban (27%) and urban areas (7%).
**Table: Showing Incidence of absenteeism by location of health facility**

<table>
<thead>
<tr>
<th>Location</th>
<th>Staff member present at Health Facility</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n=1267)</td>
<td>No (n=1164)</td>
<td>Total (n=2431)</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>55.8%</td>
<td>66.6%</td>
<td>61.0%</td>
<td></td>
</tr>
<tr>
<td>Peri-urban</td>
<td>30.5%</td>
<td>26.5%</td>
<td>28.5%</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>13.7%</td>
<td>7.0%</td>
<td>10.5%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
Reasons for Absenteeism

Reasons advanced for authorized absenteeism included:

- Off duty (34%),
- Night duty (13%) and away for
- Outreach services 8%.

18% unauthorised

It’s important to note that 18% of the health providers who were absent had not given a reason for being absent
Figure 2: Showing Reasons Health Providers were absent from the health facility

- Don't know: 18.1
- Part time staff: 0.1
- On Maternity leave: 0.1
- Not much work: 0.1
- Festive season: 0.2
- Burial: 0.5
- Away shortly: 0.8
- Closed (8 units) 20: 1.3
- Sick: 6.2
- Study leave: 5.8
- Night duty: 13.3
- Transfer: 0.1
- At the district: 3.6
- Off duty: 33.6
- Leave: 3.6
- Training: 5.1
- Outreach: 7.6
Conclusions

• Health care workers’ absenteeism is driven by factors that include:
  – Institutional environment
  – Features of the health care facilities
  – Individual factors

• Factors that have been linked to absenteeism of health workers including salary, housing allowances and transport did not feature as highly as was expected.

• Job satisfaction, including relationship with line manager, colleagues at work, feedback from supervisors were rated highest.
Policy Recommendations

• Design human resource policies that address work related conditions such as provision of staff allowances, benefits such as housing and lunch and provision of a fair living wage.

• Strengthen community participation through health unit management committees and building capacity of facility managers to provide supportive supervision.

• Enhance internal control measures such staff attendance registers and increase on the occurrence of supervision by the center especially to lower health facilities as a way of support to the facility managers.

• Work with the partners such as civil society organizations that are local to support supervision especially with regard to management of health facilities.
Way forward

• Meetings to disseminate the study findings to CSOs, policy makers, development partners and other stakeholders
• Dissemination workshops to Bushenyi district officials and community representatives including HUMCs
• Development and distribution of IEC materials on the findings
• Develop evidence-based policy briefs on the findings
Way forward cont’d

- Publish Newspaper Articles and initiate TV debates on the study findings
- Community dialogues to address some of the findings from the study
- Follow up recommendations that will be made to address absenteeism
- Lobby Government and other stakeholders to address the study findings
Minister furious over closed health centre

Publication date: Thursday, 3rd September, 2009

Minister Mallinga displaying bottles of Plannet, African Gin and Prince Vodka samples at Bukavi in Mpigi yesterday

By Francis Kagolo and Steven Candia
Media Reports - Contd.

**Health centres closed down in Amuru**

*Publication date: Sunday, 3rd January, 2010*

Patients looking at the closed Kachi-Kira health centre in Kachanga sub-county. The centre was closed due to lack of drugs on December 10, 2009.

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**Most health workers absent**

*Publication date: Friday, 18th September, 2009*

WHEREAS health minister Dr. Stephen Mallinga was surprised to find a health centre III in Mubende closed during working hours recently, a Saturday Vision survey has established that it is a normal occurrence countrywide.

Patients in the 'waiting room' at a health centre in Arua district.
Absenteism paralyses Lira health services

Publication date: Wednesday, 10th March, 2010

Alebtong health centre has many patients, but few health workers

By Patrick Okino
ACKNOWLEDGEMENT

Bushenyi Local Government